

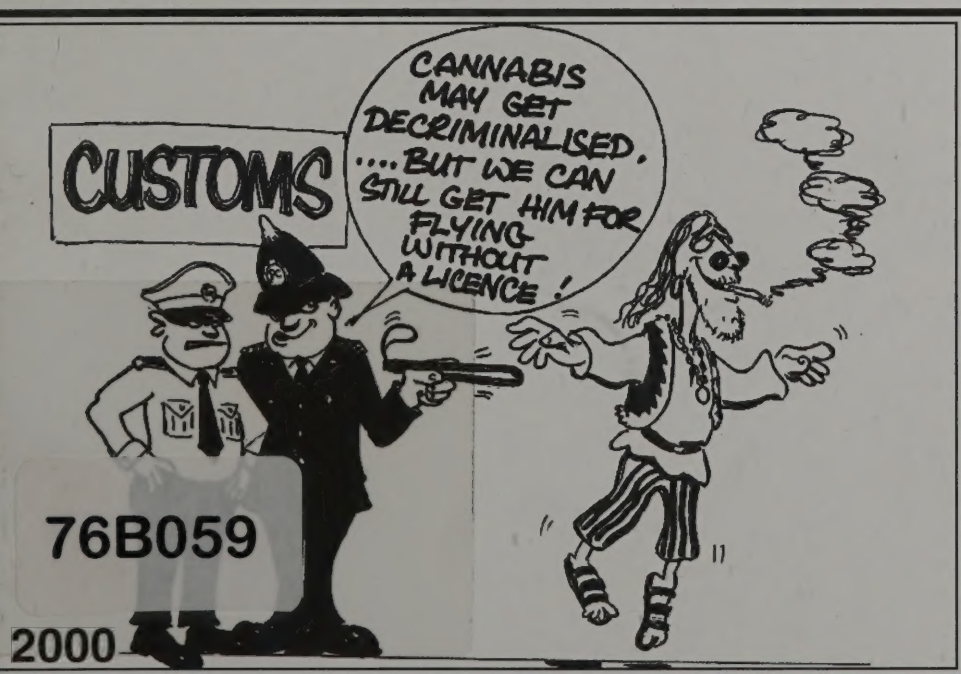
101st ANNUAL MOH REPORT

And

SIXTH ANNUAL REPORT of the DIRECTOR OF PUBLIC HEALTH

Special Theme:

'Recent Trends in Health'



REPORT FOR
THE YEAR 1999/00



BOARD OF HEALTH

MEMBERS 1999

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‘Better health should be fun’

Successful public health is in part about effective public communication. But good health should also be fun, and regular comment from ‘Wakky’ in the Guernsey Press ensures that we don’t take ourselves too seriously

Acknowledgments - ‘Wakky’ and Guernsey Press Limited

STATES OF GUERNSEY

BOARD OF HEALTH

Objectives

To maintain and improve the health of the people of Guernsey & Alderney as cost effectively as possible, within the resource constraints placed upon it by:

- Identifying health needs - now and in the future.
- Planning the future provision of health services to meet these needs.
- Commissioning the provision of these services.
- Ensuring that the quality of health services provided is high and standards are maintained through careful monitoring.
- Ensuring that only appropriate and effective care or treatment is given, by monitoring the outcome of such interventions.
- Listening to the customers in order to understand their needs and working with others so as to best meet these needs.
- Informing people on health matters, promoting a healthy lifestyle and environment.
- Acting as a 'caring neighbour' and considering the environment for future generations.
- Checking that all health services provided are as cost efficient as possible.
- Promoting managerial and professional excellence within health services.
- Recruiting, training and developing sufficient health care staff to achieve these objectives and valuing the staff and helping them to meet their needs and objectives.



**INTRODUCTORY LETTER
TO THE
BOARD OF HEALTH**

October 2000

The President

States of Guernsey Board of Health

Sir,

I have pleasure in submitting the 101st Annual Report of the Medical Officer of Health for Guernsey for 1999/2000.

I am, Sir

Your Obedient Servant

Dr David Jeffs

MEDICAL OFFICER OF HEALTH

Director of Public Health

HIGHLIGHTS FROM THIS REPORT

- The Government White Paper *'The New NHS: modern, dependable'* (1997) states:

'The independent annual report by their Director of Public Health will inform the decisions of both the Health Authority and its partners. It will be the starting point for the Health Improvement Programme.'

- The recent Board of Health publication *'Our Healthier Islands'* - a five year review of health in Guernsey and Alderney demonstrates that there had been an overall improvement in the population health of the islands over the past decade and particular progress has been made in reducing mortality and morbidity in selected 'health priority' areas.
- It is intended to publish a further five year review of health in Guernsey and Alderney in 2004, examining improvements in health over the quinquennium 1999-2003, using the population denominator derived from the 2001 Census.
- In the meantime, the Annual Report of the Director of Public Health for Guernsey will continue to report progress in those areas chosen as health priorities, and like its NHS counterparts, will attempt to focus on areas where there is still felt to be opportunity for further 'health improvement' locally.
- It is also intended there will be a new emphasis on the scope and quality of clinical services, and how these compare with 'evidence based' national standards promulgated by the National Institute for Clinical Excellence (NICE) and through the various *'National Service Frameworks'*.
- *'Our Healthier Islands'* argued that since many determinants of good health and causes of poor health are related to such factors as social inequality, inadequate housing, transport, environment and personal lifestyle choices, so the quest for improved population health must involve other States Committees, business and industry, community and voluntary groups, and individuals themselves.
- Future public health initiatives will continue to *'enable, encourage and support the development of local partnerships for health'* across these various sectors to address such issues as housing, transport, environmental quality and sustainable development.
- In this 101st Annual MoH Report, it is pleasing to be able to report that on 'three year means' there have been further falls in acute cardiac deaths, in overall cardiovascular deaths, lung, breast and large bowel cancer deaths, and cancer deaths overall. There has been little improvement in 'all injuries' mortality, suicides or alcohol related deaths, but annual rates remain relatively low.



- 'Births, marriages and deaths' remain the 'bread and butter' of everyday public health, and adverse birth related indices such as stillbirths and infant deaths remain low. The rise in delivery by elective caesarean section may be a '*public health issue of concern*'.
- There were 119 lawful terminations of pregnancy during 1999, 92 performed in Guernsey and 27 in England, with this remaining well within the mean for the decade 1990-1999.
- There were more marriages and fewer divorces in Guernsey during 1999, giving an overall divorce:marriage ratio of 37%, the lowest ratio of divorces to marriage in the past seven years.
- The Environmental Health Department continues to monitor and maintain the infrastructure on which sound population health depends. This includes safe food, adequate housing, clean water and unpolluted air. Results obtained during 1999 have all been within acceptable limits.
- Ensuring and promoting '*health literacy*' - the information people need to protect and improve their own health remains a key component of the work of the Health Promotion Unit. Activities during 1999 have included continuing anti-smoking initiatives, heart disease prevention and cardiac rehabilitation, cancer and osteoporosis prevention, child safety, and 'healthy schools' and work sites.
- Apart from the continuing rising in notifications of 'food poisoning' communicable disease notifications remain at an all time low. A small rise in TB notifications generally relate to infections acquired 'off island'.
- A greater willingness for people of both sexes to seek sexual health advice and treatment has led to steadily increasing attendances at the Sexual Health Clinic, and a necessary move to the 'Orchard Centre' in the premises of the old St Martin's Doctors Surgery. These premises are also shared with Quitline and Drug Concern, being multidisciplinary and multi-agency, this grouping could well become the basis of Guernsey's first 'Community Health Centre'.
- The Guernsey Family Planning Clinic also continues to see rises in numbers attending, particularly amongst its target group of the sexually active young. Under 20's now comprise almost half of all attendances.
- A 'healthy workforce' is essential if Board of Health is to fulfil its mandate. The Occupational Health Department continues to ensure that prospective health workers are medically fit for their intended posts, that they are protected against blood transmissible diseases when required, that employees have a confidential source of advice regarding work related ill-health, and that management has access to objective advice on avoidable work related sickness absence. A more limited advisory service is also available to other States Committees.

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Acknowledgement

Effective public health remains essentially about teamwork, and once again the contributors to this Report, and the work of all public health directorate staff are acknowledged, especially to PA Mrs Yvonne Kaill for co-ordinating production and Mrs Jenny Elliott for the various graphs.

Chapter One

The 101st Annual MoH Report

The past hundred years

As is now perhaps well known, in the 1890's Guernsey suffered a major outbreak of diphtheria, with scores of infections and dozens of deaths. Attempts to control the epidemic by the parochial authorities (who were then largely responsible for health in their various parishes) proved largely ineffective, resulting in mortality rates of almost 30% in many country parishes.

To tackle this crisis, a special committee of the Royal Court was appointed and reported in 1899 on the measures they felt necessary to control the outbreak. These included;

- The appointment of a Medical Officer of Health.
- The establishment of a States Laboratory.
- The appointment of a Board of Health.

Guernsey's first Medical Officer of Health, Dr John Brownlea, MD, DPH arrived to take up his appointment in October 1899. As well as the immediate measures required to control the epidemic, his several duties included the need to produce an Annual Report *'to report on any influences which were acting in a deleterious manner on the health of the community which he served.'*

The effective measures introduced by Dr Brownlea and his successors to bring the epidemic under control, and the steady improvements in health in Guernsey which have occurred since then have been summarised in the 100th Annual MoH Report, and considered in greater detail in the Board of Health's recent publication *'One Hundred Years of Health'* produced to celebrate the centenary of the Board.

More focused health strategies

Following the lead set by the World Health Organisation with its *'Health for All by the Year 2000'* initiative, most countries have now adopted a far more strategic approach to improving health and health services.

Such an approach requires a robust epidemiological overview of the most common causes of death and sickness in a particular country, a health economics assessment of the costs of prevention and treatment of these various conditions, and a targeting of resources to focus on major causes of death and disability in the most cost effective way. Specified targets (with dates for their attainment) are set for reductions in the most common and costly causes of disease and death in a particular country.



Adopting this approach, the European Union is continuing to support 'Health for All' indicators, England has published the White Paper 'Our Healthier Nation' (1998) outlining its health strategy over the next ten years, and even the USA which has traditionally left health to market forces has now adopted a 'health objectives' approach with its 'Healthy People 2010'.

Far from seeing health services as being the business of ensuring that affordable treatment is available to sick individuals, there is now a far greater commitment to addressing at a population level the determinants of health and the causes of poor health.

This frequently involves working with other sectors of government, with businesses and commerce, and with voluntary and community organisations to address such issues as employment, environment, housing, transport, and personal lifestyle choices - all of which may impact beneficially or adversely on both individual and population health.

The Annual DPH Report

In England, local 'Directors of Public Health' are still required to produce an Annual Report. The White Paper 'The New NHS: Modern Dependable' (1997) states:

'The independent annual report by their Director of Public Health will inform the decisions of both the Health Authority and its partners. It will be the starting point for the Health Improvement Programme.'

The subsequent White Paper 'Saving Lives: Our Healthier Nation' (1999) gives a commitment to ensure that the Annual Reports of the Directors of Public Health are used more systematically, providing the basis for the formulation of Health Improvement Programmes, and meeting common standards.

Health Authorities generally, and within them Directors of Public Health specifically have a responsibility to:

- identify local health and healthcare needs;
- promote action to achieve demonstrable health improvements and reduction in health inequalities;
- at a local level to set the directions within the NHS for delivering service improvements;
- provide support to the local health community and encourage opportunities for development;
- fulfil their statutory functions in respect to regulating local NHS bodies;
- enable, encourage and support the development of local partnerships for health.

‘Our Healthier Islands’

In Guernsey, the Board of Health’s objectives as set out at the front of this Report cover most of the above functions.

However, Health Authorities in England generally have an area population of 250,000-500,000 or more. Guernsey’s population of 60,000 is less than one quarter of even the smaller Health Authorities, and with such small numbers, it is difficult to demonstrate health improvement in any statistically meaningful way on an annual basis.

In June 2000, the Board of Health therefore published *‘Our Healthier Islands’* - a five year review of health in Guernsey and Alderney. This updated the Board’s previous publication *‘Health for Guernsey People’* published in 1995.

Because it was able to use ‘five year means’ based around accurate Census year population data, *‘Our Healthier Islands’* was able to demonstrate in a statistically robust way, (with acceptable ‘95% confidence intervals’ for the more common conditions), that there had been a general improvement in population health in Guernsey and Alderney between 1989-1993 (based on the 1991 Census population) and 1994-1998 (based on 1996 Census population). In particular, it was able to show that in those areas which had been chosen as ‘health priorities’ in *‘Health for Guernsey People’*, either because they were important causes of premature death or high healthcare costs, there had been particular improvements. For example;

- There had been a **30%** drop in deaths from ischaemic heart disease (heart attacks) over the ten year period.
- That the number of adult males describing themselves as ‘ex-smokers’ had risen from **29%** in 1993 to **40%** in 1998.
- Women describing themselves as ‘ex-smokers’ had risen from **21%** to **24%** over this period.
- Male lung cancer deaths had shown a **26%** fall over the ten years. There had been little change in female lung cancer deaths.
- The Guernsey Breast Screening Programme had produced excellent results. **92%** of those women aged 50-65 years whose breast cancer was diagnosed through screening between 1992-1994 were still alive and well. None had been shown to have recurrent cancer on follow-up (most breast screening programmes show less than **80%** five years survival rate).
- Per capita consumption of alcohol had declined from **11.5** litres pure alcohol equivalent in 1987 to **9.9** litres pure alcohol equivalent between 1994-1998 - a **14%** fall.
- Cumulative HIV/AIDS prevalence rates in Guernsey were shown to be amongst the lowest in the developed world.



Future MoH Reports in Guernsey

During the past five years, the annual MoH Reports have selected and examined particular aspects of health in Guernsey in greater detail. These have included the impact of changing patterns of marriage and family on health in Guernsey (1994), *'The Health of Guernsey Children'* (1995), *'The Impact of Alcohol on Health in Guernsey'* (1996/97), *'The Health of Older Guernsey'* (1997/98), and a review of *'One Hundred Years of Health'* (1998/99).

As the 100th Annual MoH Report showed, past Reports prove an invaluable source of health statistics, allowing changing patterns of disease and death over the years to be tracked. This in turn is an essential pre-requisite to ensuring that the health services provided best meet the changing health needs of the population. To better achieve this, a 'new style' MoH Report is proposed;

- The necessary health statistical information will still be presented, but whenever possible it will be shown in a simpler more graphical format, which it is hoped will be better understood by the non specialist reader.
- Progress reports will be given on those areas of health chosen as health priorities on the basis of the factual material contained in *'Our Healthier Islands'*.
- There will be a new emphasis on the scope and quality of clinical services, and how these compare with 'evidence based' national standards promulgated by the National Institute for Clinical Excellence (NICE) and through the various *'National Service Frameworks'*.
- There will be a particular emphasis on those wider aspects of health where working together with other States Committees, other health professionals, the private sector, and voluntary and community groups is required to achieve results. Such areas include issues such as health inequality, housing, transport, environmental quality and sustainable development.

It is intended to produce a further five year review of health in Guernsey and Alderney in 2004 examining improvements in health over the quinquennium 1999-2003, using the population denominator derived from 2001 Census.

In the meantime, the Annual Reports of the Director of Public Health will attempt to highlight those health issues which contribute to the changing patterns of health and disease in Guernsey and Alderney.

Dr David Jeffs
Director of Public Health

October 2000

Chapter Two

‘Hatches, matches and despatches’

The real local news?

As might be expected in a small island community with many family inter relationships, the *‘births marriages and deaths’* column in Guernsey’s daily newspaper is seen by many as an essential part of the day’s news. Indeed, it has been suggested that a previous editor of the paper was forced to shift the column to an inside page in order to maintain circulation figures.

Ever since the ‘Bills of Mortality’ of 17th Century London, records of local births and deaths have also been the ‘bread and butter’ of everyday public health. The changing patterns of births, diseases and deaths serve to measure progress towards improved population health, and to identify new health challenges.

The 100th Annual Report of the Medical Officer of Health published in 1999 highlighted for example the dramatic fall in infant mortality from **143** deaths per 1,000 live births in 1900, to an average **4.5** deaths per 1,000 live births between 1994 and 1998 - a real health ‘success story’.

However, it was also pointed out that between 1900 and 1902, there were only **40** cancer deaths per year in Guernsey comprising **5%** of all deaths. However, between 1994 and 1998 this had more than quadrupled to **165** deaths per year or **26%** of all deaths, and with the ageing of the population, etc these numbers and proportions are likely to continue to rise. Since the majority of today’s cancers can be either prevented or more effectively treated if diagnosed sufficiently early, here indeed is a real challenge for today’s health services.

Therefore, as the Annual Reports of the MoH in Guernsey enter their second century, the opportunity is taken to briefly review births, marriages, divorces and deaths in Guernsey at the start of the new millennium. However, as always with small population statistics, single year figures should not be interpreted to indicate a trend.

Births, Stillbirths and Infant Deaths (Figure 2.1 and Table 9.1)

There were **351** male and **318** female births during 1999, giving a crude birth rate (births per 1,000 resident population) close to **11.2** per 1,000 population, the average crude birth rate between 1994 and 1998. Both stillbirths at **1.5** and infant deaths at **3.0** per 1,000 live births were well below the Guernsey 5 years means of **6.3** (stillbirths) and **4.5** (infant deaths) and the **5.4** (stillbirths) and **6.1** (infant deaths) per 1,000 live births calculated for England and Wales of 1996.



Figure 2.1 - Guernsey - Births, and Terminations of Pregnancy 1993-1999

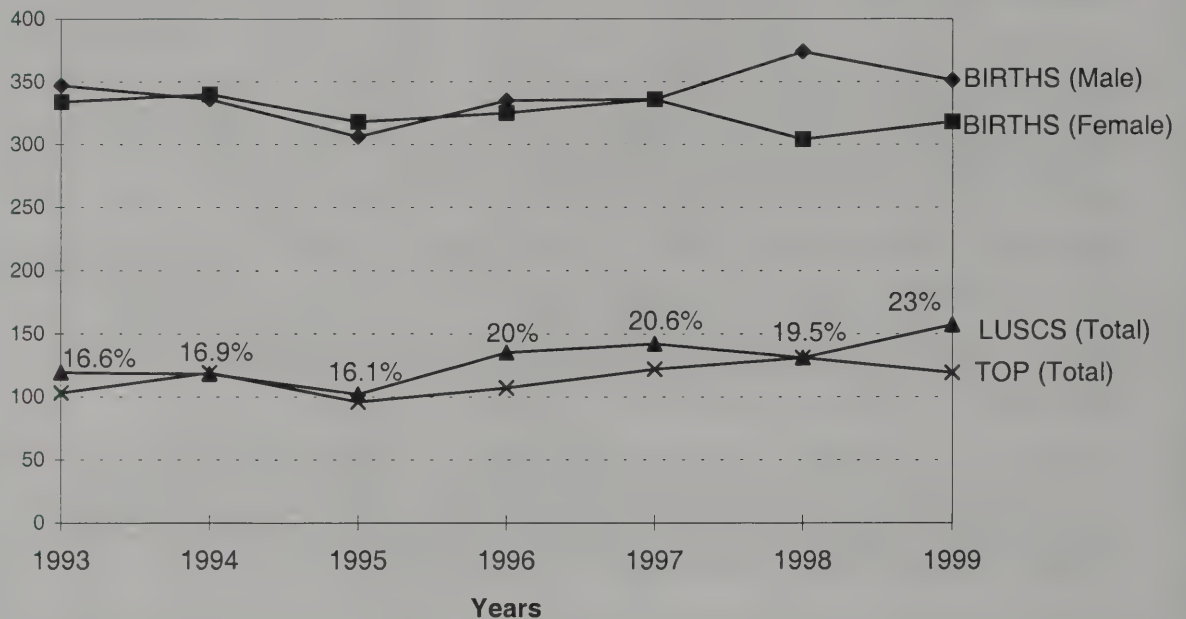
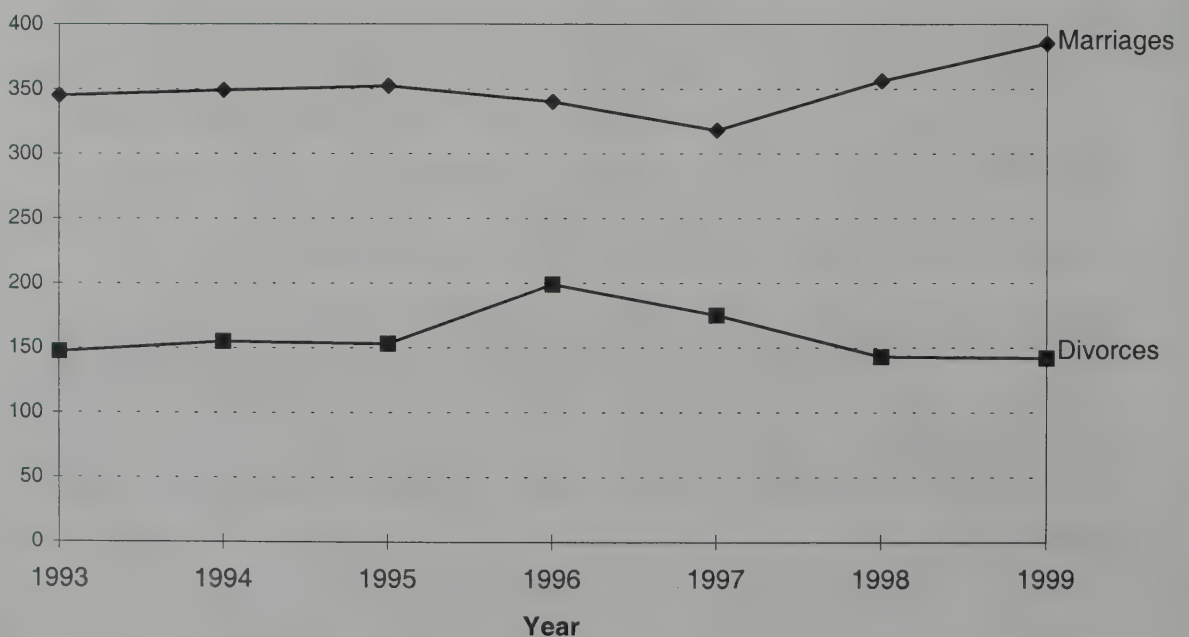


Figure 2.2 - Marriages and Divorces 1993-1999



Rising Caesarean Section Rates (Figure 2.1)

There has been an upward trend in deliveries by caesarean section rising from **16.1%** of all deliveries in 1995 (of which **35%** were 'elective') to **23%** of all deliveries in 1999 (of which **47%** were elective).

In 1999, a Joint Working Party of the Royal College of Obstetricians, and Gynaecologists, the Royal College of Midwives, and the National Childbirth Trust issued a consensus statement in which they said:

*'Caesarean section is a technique which has saved the lives of many mothers and babies, but it is not without its costs - maternal morbidity, delayed post natal recovery, the loss of vital obstetric and midwifery skills and higher costs for the NHS. Clearly caesarean section should be used where clinically necessary, but many health professionals and service users have expressed concern that it may also be used in cases where it is harder to justify. Caesarean rates are rising fast. - The latest available official statistics suggest that close to one birth in five (England **17%**, Wales and Scotland **18%**, Northern Island **19%**) are now by caesarean section.'*

In Guernsey, obstetricians and midwives are equally aware of the recent local increase in caesarean section rates, and regularly audit these. However, there is also a strong feeling that much of the rise locally is 'maternally led' - i.e. women are demanding caesarean section as their preferred method of delivery. If this is so, then the comments of the Joint Working Party of the Royal Colleges that the rising caesarean section rate in Britain was 'a public health issue of concern' appears equally an issue of concern in Guernsey.

Termination of Pregnancies (Figure 2.1)

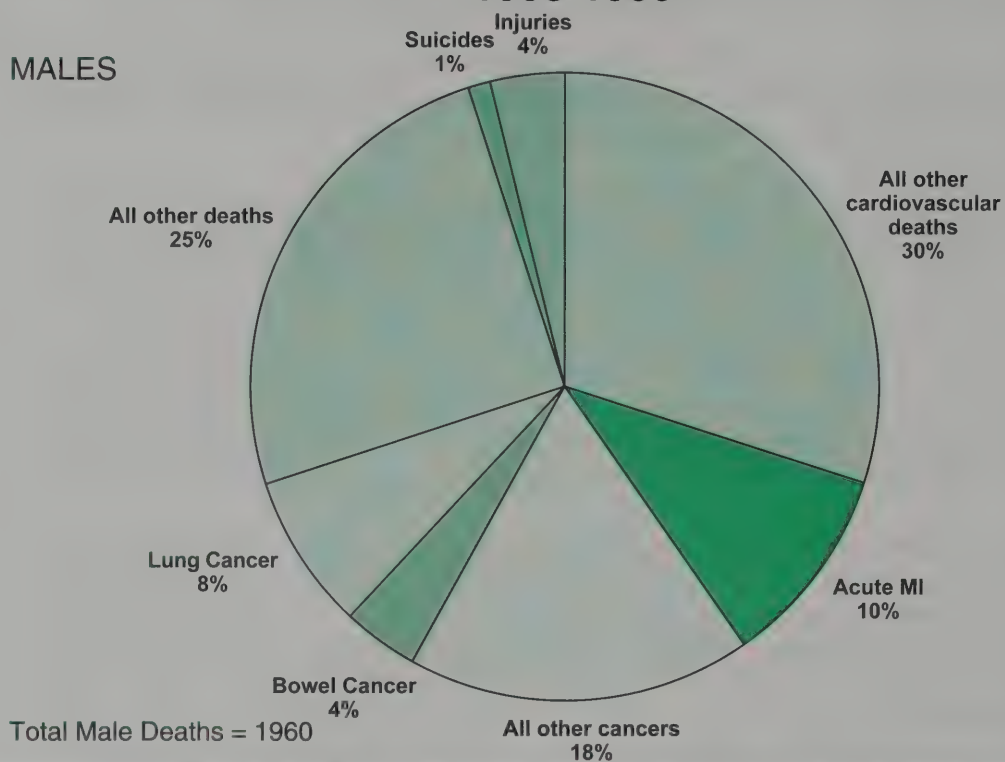
During 1999 there were **119** lawful terminations of pregnancy (**92** were performed in Guernsey and **27** in England). **23** were to girls under the age of 19, (**18** in Guernsey and **5** in England) and another **23** to women over the age of 35, (**16** in Guernsey and **7** in England) **24** (**20%**) of terminations performed were amongst women who declared themselves to be married.

According to the 'Discussion Document' published in the lead-up to the States Debate on 'Contraception, Unplanned Pregnancy and Abortion' in 1996, legal abortions performed on Bailiwick residents in England and Wales during the period 1990-1994 ranged between **105-155** annually. Provision for lawful abortions to be performed in Guernsey under the strict conditions of the 'Abortion (Guernsey) Law 1997' has not yet led to any apparent rise in the total number of lawful abortions performed.

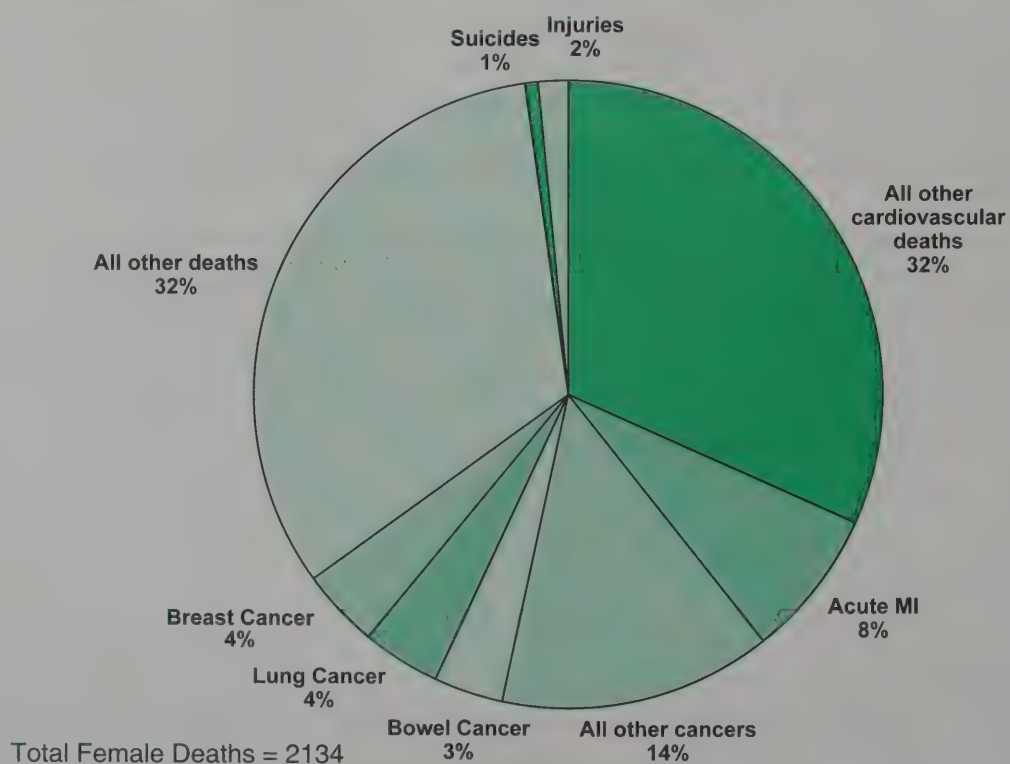


**Figure 2.3 - Deaths in Guernsey - By Cause
1993-1999**

MALES



FEMALES



Marriage and Divorce (Figure 2.2)

There were **385** marriages and **142** divorces in Guernsey in 1999, a rate of **6.4** and **2.4** per 1,000 population respectively.

The ratio of divorces to marriages in Guernsey is thus **37%**, well below the mean for 1994-1998 of **48%** and the 1996 rate in England and Wales of **56%**. In England over **50%** of all marriages are re-marriages with second divorces also becoming more common. In England, the median age for marriage is **28.3** years for males and **26.7** years for females, whilst the median age at divorce was **38.1** years for males and **35.6** years for females, i.e. an 'average length of marriage before divorce' is something less than 10 years.

It is hoped that the planned 2001 Guernsey '*Census*' will for the first time give more detailed information of divorces, re-marriages and the length of time between divorce and re-marriage, which obviously has important implications for planning housing provision, etc.

Deaths and Causes of Deaths (Figure 2.3 and Table 9.2)

There were **529** deaths (**232** males and **217** females) in Guernsey during 1999, giving a 'crude death rate' (deaths per 1,000 population) of **8.8**. This is below the five year mean of **10.1**, and also well below the equivalent figure for England and Wales of **10.8**.

In total, there have been **1,960** male and **2,134** female deaths between 1993 and 1999. Of these **40%** of all deaths for both men and women have been due to cardiovascular disease, with **30%** of male deaths and **25%** of female deaths due to cancer, **4%** of male and **2%** of female deaths due to injuries, and a fairly consistent **1%** of all deaths due to suicide.

Three Year Rolling Averages

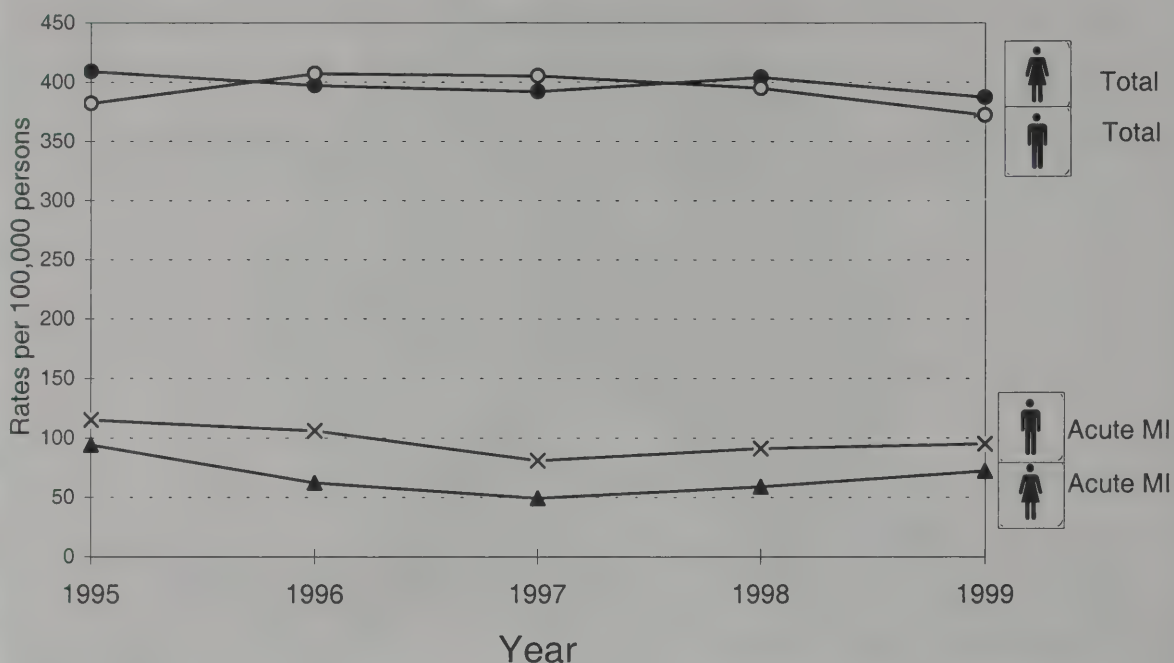
In a small health jurisdiction such as Guernsey, there are relatively few deaths from any particular cause each year, year to year variation may be wide, and 95% 'confidence intervals' (the 95% probability that the true value lies within the range given) necessarily large.

In order to compare rates over time and with other health jurisdictions, an accurate population denominator is essential. Both '*Health for Guernsey People*' (1995) and '*Our Healthier Islands*' (2000) used the **1991** and **1996** '*Census*' population to express rates as five year means. These larger numbers meant that for common conditions such as acute cardiac deaths, lung, bowel and breast cancer, etc 'confidence intervals' were relatively narrow and therefore statistically robust.



**Figure 2.4 - Acute and Total Cardiovascular Mortality
3 Year Rolling Averages - Guernsey 1993-1999**

Males and Females : rates per 100,000



**Figure 2.5 - Total Cancer and Lung Cancer Mortality
3 Year Rolling Averages - Guernsey 1993-1999**

Males and Females : rates per 100,000



In order to indicate trends between five year reviews of health, an alternative convention is to show 'three year rolling averages' as has been adopted in this Report. Although more statistically robust than single year figures, they should none the less be regarded as only indicators of trends.

Cardiovascular mortality (Figure 2.4)

Total cardiovascular mortality has fallen by **6.2%** for males and **3.4%** for females between 1993-1995 and 1997-1999 from **413** to **388** per 100,000 males and **386** to **373** per 100,000 females.

A large part of this improvement is due to the **28.9%** (male) and **23.9%** (female) fall in acute cardiac deaths from **116** to **95** per 100,000 males and **94.9** to **72** per 100,000 females.

Although a proportion of this fall may be due to improving population health factors such as falling smoking levels, generally lower fat diets, and greater awareness of cardiac risk factors such as high blood pressure, an important contribution undoubtedly comes from improved management of the acute cardiac episode - at diagnosis, during transport and following admission to the Coronary Care Unit. The need for integrated 'cardiac rehabilitation' which 'the evidence' confirms reduces readmissions by up to **25%** has also been indentified.

Cancers (Figure 2.5 - 2.7)

Comparing 1993-1995 with 1997-1999, there has been an overall **22%** fall in both male and female cancers, from **335** to **261** per 100,000 males and **281** to **216** per 100,000 females between 1993-1995 and 1997-1999.

Contributing to this has been a **22%** fall in male lung cancer and **12.6%** fall in female lung cancer deaths, a **30%** fall in female breast cancer deaths and a **47%** fall in male and a **30%** fall in female deaths from cancer of the large bowel.

However, as stated above, three year rolling averages indicate no more than a trend, and these favourable results will need to be confirmed by five year mean calculated around the 2001 Guernsey '*Census*' before they can be accepted as indicating a genuine 'health gain'.

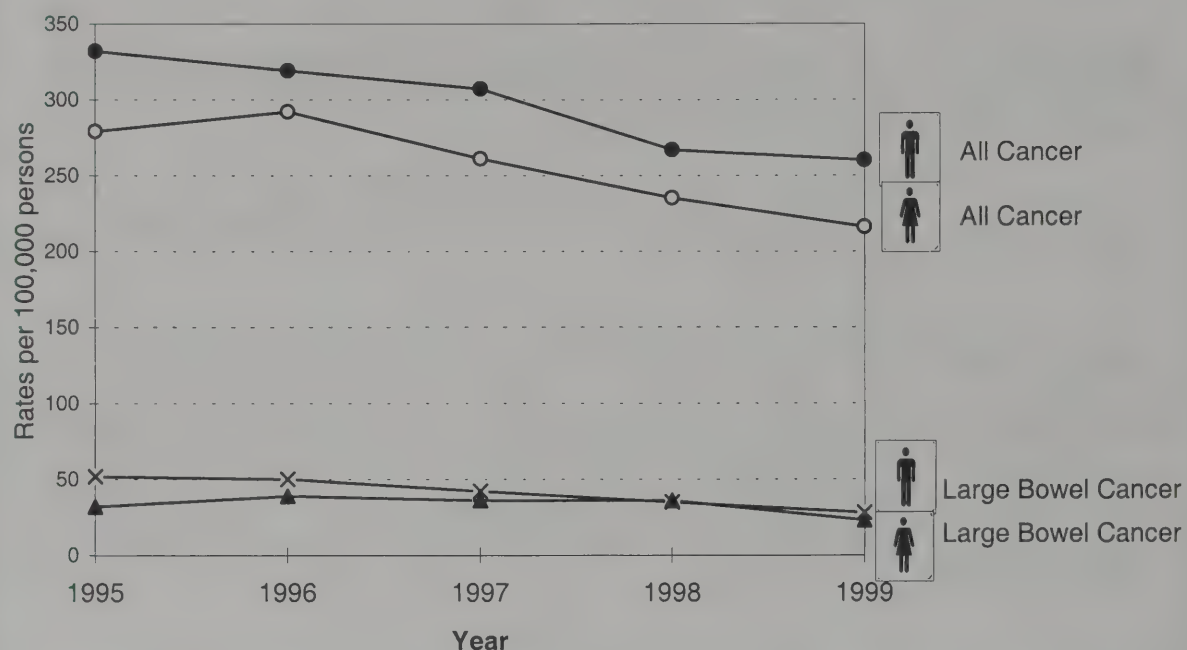
Injury, Suicide and Alcohol Related Mortality (Figure 2.8, 2.9)

Numbers of deaths in all these categories are relatively low, and although there has been a decline from a 'peak' around 1997, there has been little change comparing the rolling average for 1993-1995 with that of 1997-1999, apart from alcohol related deaths amongst Guernsey males, where there has been a large and continuing fall from 5 per 100,000 in 1996 to 2 per 100,000 in 1999.



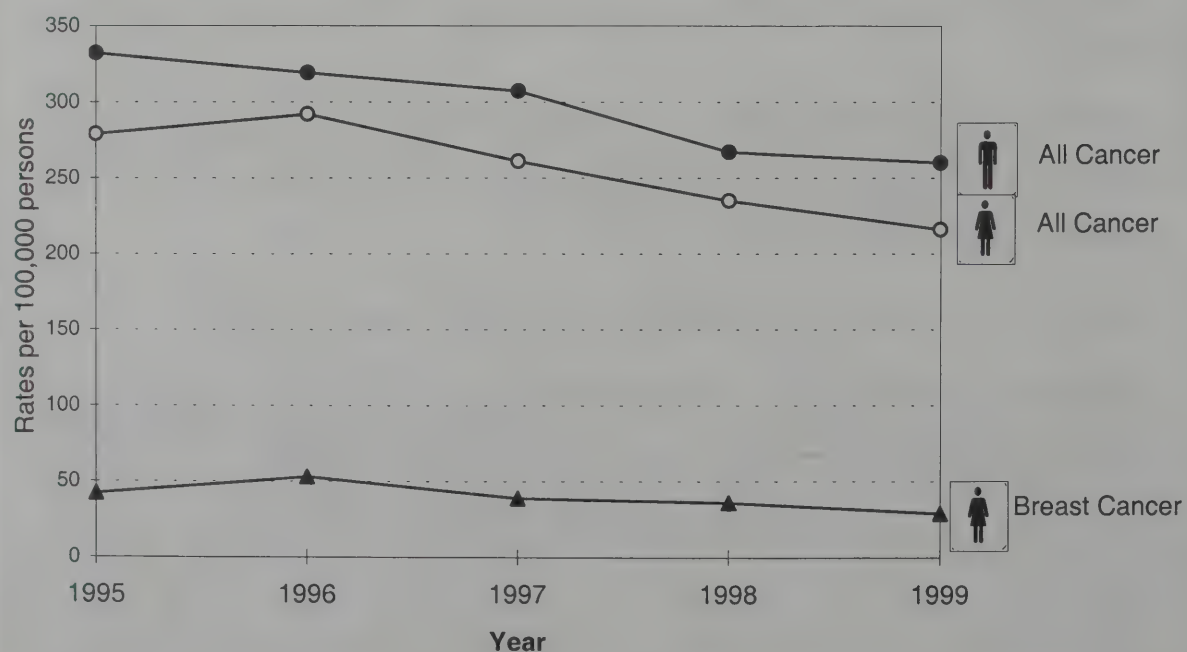
**Figure 2.6 - Total Cancer & Large Bowel Cancer Mortality
3 Year Rolling Averages - Guernsey 1993-1999**

Males and Females : rates per 100,000



**Figure 2.7 - Total Cancer and Breast Cancer Mortality
3 Year Rolling Averages - Guernsey 1993-1999**

Males and Females : rates per 100,000



**Figure 2.8 - Total Injury and Suicide Mortality
3 Year Rolling Averages - Guernsey 1993-1999**

Males and Females : rates per 100,000



**Figure 2.9 - Alcohol related deaths
3 Year Rolling Averages - Guernsey 1993-1999**

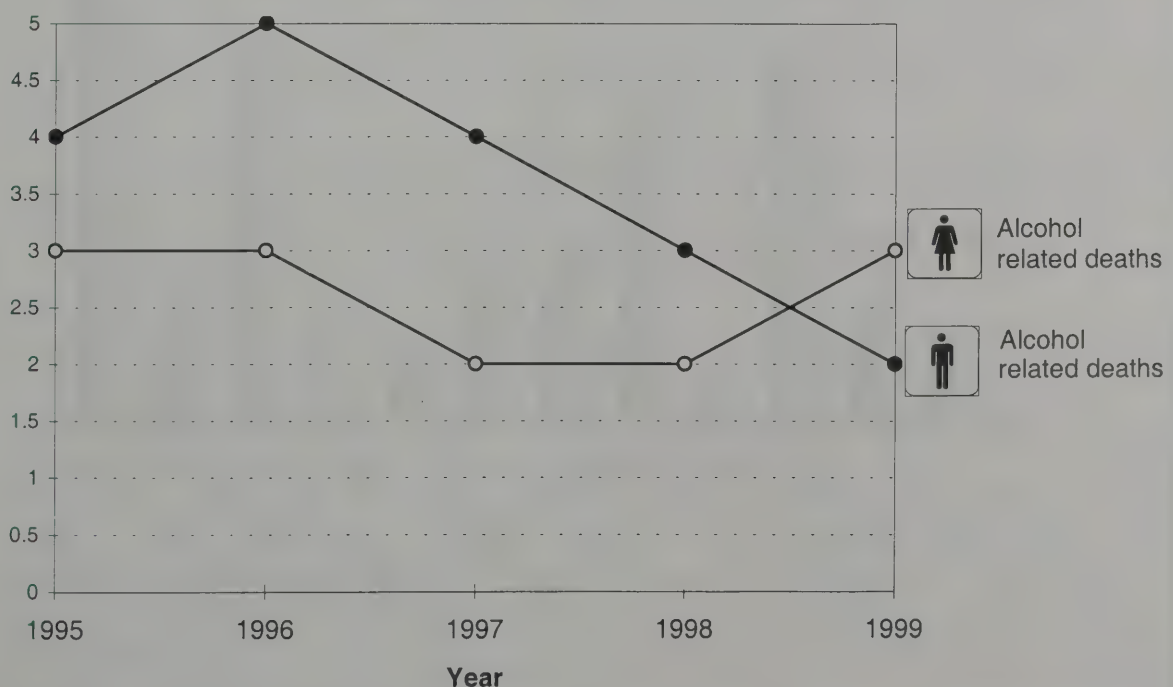




Figure 3.1 Complaints/Requests/Enquiries 1994 - 1999

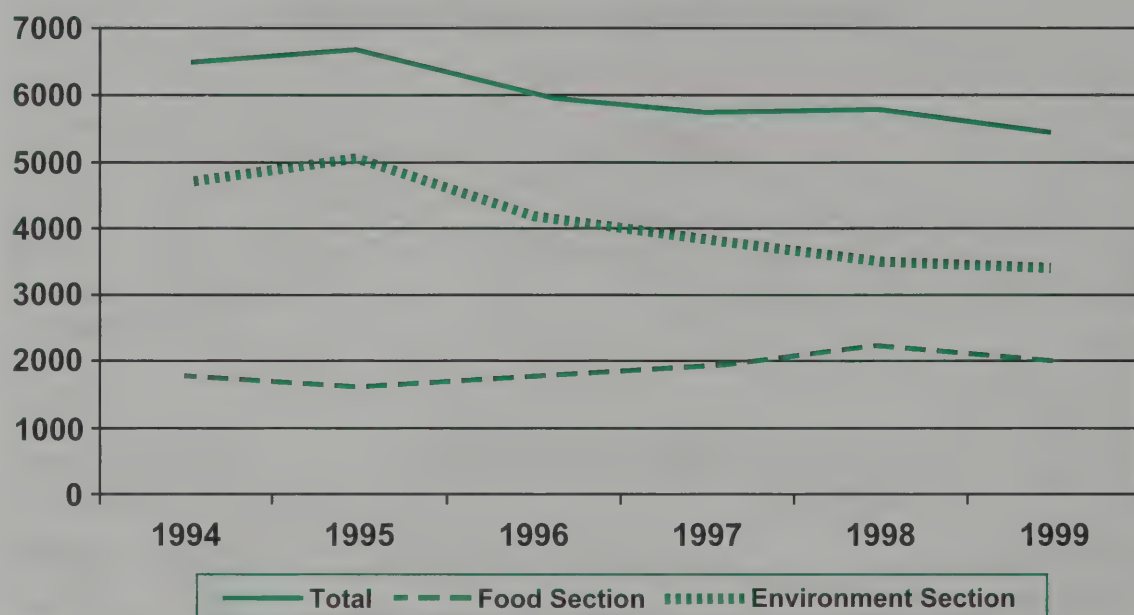
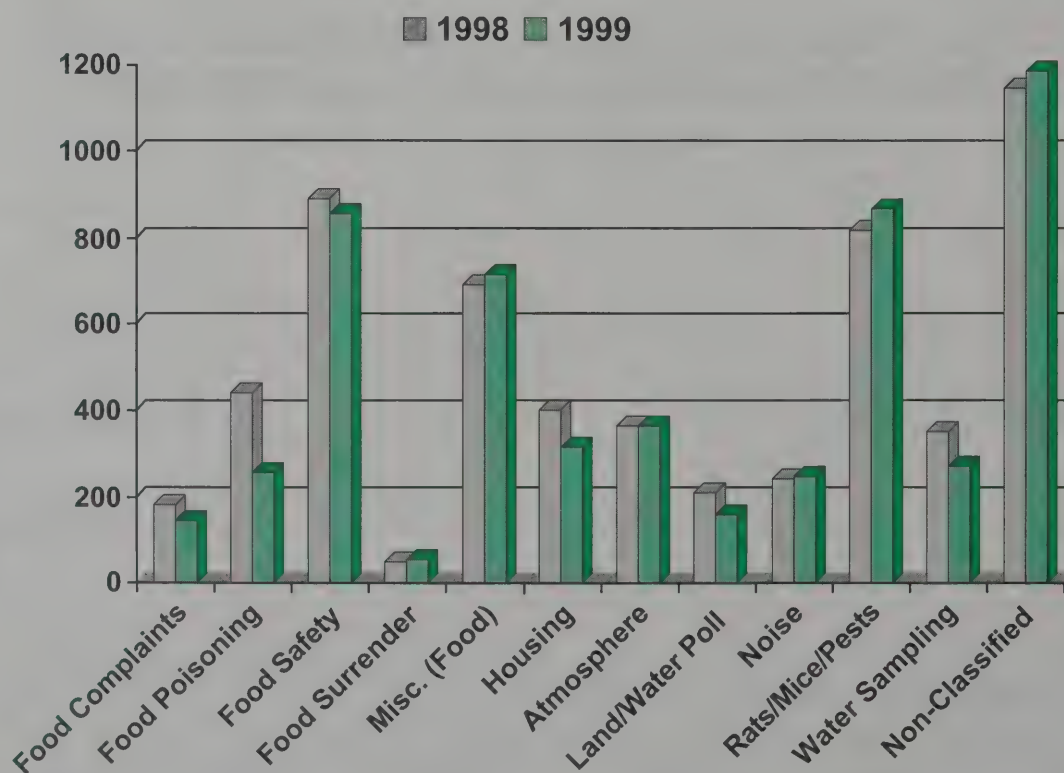


Figure 3.2 Complaints/Requests/Enquiries 1998/1999



Chapter Three

Environmental Health

1999 Overview

The Chief Environmental Health Officer for the last 20 years, Mr. Mike Bairds, retired in 1999 after 33 years with the department. Mr. John Cook, previously the Deputy Chief Environmental Health Officer became the new Chief Environmental Health Officer, whilst Tony Rowe was promoted to Mr. Cook's old position.

Both the Public Health (Amendment) (Guernsey) Law 1999 and the Public Health (Amendment) Ordinance 1998 came into force during the year enabling the department to deal with a wider range of statutory nuisances and revising the powers available to officers to ensure that nuisances can be abated.

The department's Trainee Waste Regulation Officer has successfully completed his Masters Degree in Waste Management and been appointed as Waste Regulation Officer. Unfortunately, the Control of Environmental Pollution legislation, which would enable him to perform his regulatory role, remains to be enacted.

The Trainee Environmental Health Officer appointed in December 1998 continues to study for his MSc. in Environmental Health at Birmingham University. He should complete his studies early in 2001.

The department also commenced real time air quality measurement late in 1999 and it is hoped to produce a separate air quality report at the end of 2000. In the meantime such monitoring of air quality, together with the existing diffusion tube survey, will give the department a much clearer picture of the pollution trends in Guernsey and should lead to a better understanding of ways to minimise such pollution.

The department also began training sessions for the Chartered Institute of Environmental Health's Intermediate Food Hygiene Certificate Course, in addition to the already successful Basic course. One course was also run during the year for the Institute's Hazard Analysis Awareness Course.

Complaints/Requests for Advice/Enquiries (Figures 3.1, 3.2)

The department dealt with a total of 5450 Complaints/Requests for Advice/Enquiries in 1999. This compares to 5781 in 1998.



Figure 3.3 Food Safety and Infection Control

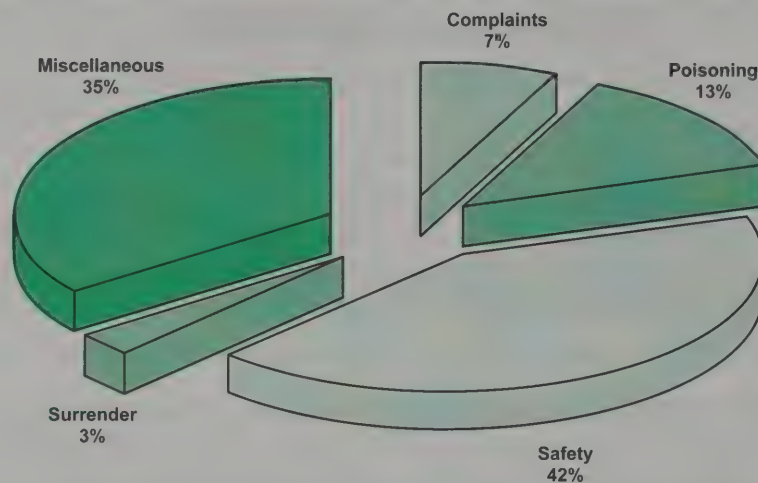


Figure 3.4 Food Complaints 1999 - 69 Complaints

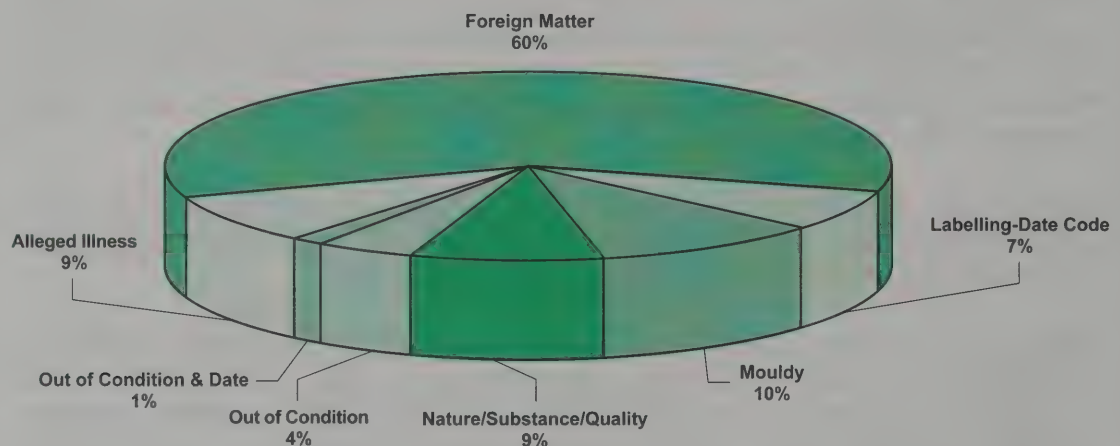
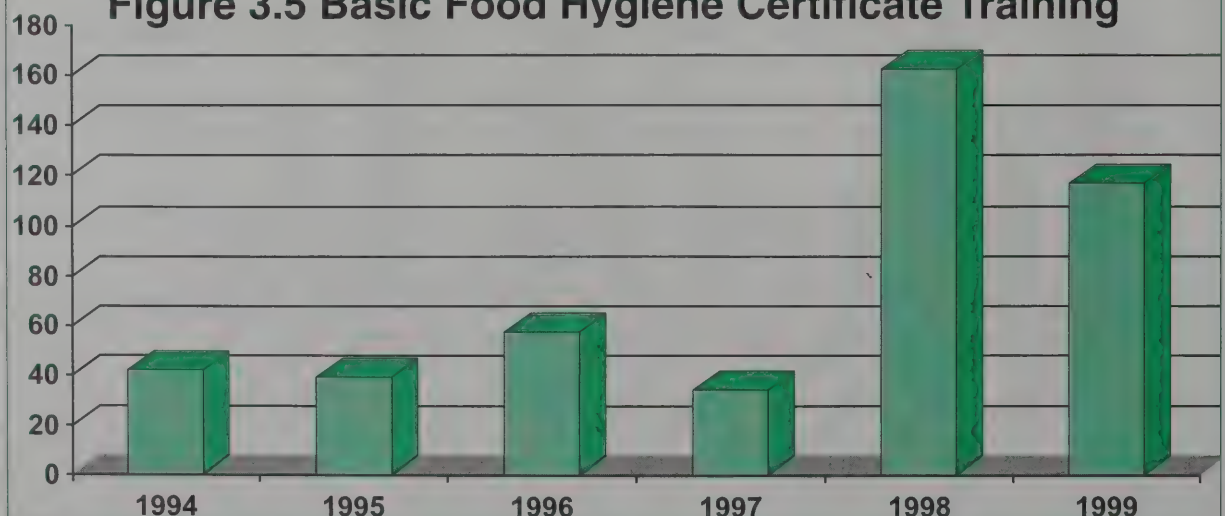


Figure 3.5 Basic Food Hygiene Certificate Training



Food Safety and Infection Control (Figure 3.3)

The department continued to promote its Hygiene Award Scheme in 1999, following its successful launch in 1998. The Award scheme recognises high standards in food hygiene and is divided into three parts - practice and structure, hazard analysis and staff training. In each area emphasis is placed on complying with the legal requirements, recognising good practice and the demonstration of due diligence. The Food Safety section dealt with 2026 complaints/requests for advice/enquiries during 1999.

Food Complaints and Food Surrender (Figure 3.4)

A total of 69 food complaints were received during the year, a slight increase over 1998. 36 of the complaints were either unsubstantiated or the source of the problem occurred subsequent to the purchase of the food. 2 of the complaints resulted in prosecution.

A total of 26 surrender certificates were issued during the year. This compares to 18 issued in 1998. The Board's policy of charging for the issue of certificates, freeing valuable officer resources, continues to keep such requests to a minimum and there has been a great reduction from the peak of over 200 in 1992.

Food Hygiene Training (Figure 3.5)

The Board's Hygiene Award Scheme has continued to generate interest in the Basic Food Hygiene Certificate. Of the 116 candidates in 1999, 114 successfully completed the course and were awarded the Certificate. In addition, 39 candidates completed the Intermediate Certificate Course and 31 successfully completed the examination. A further 15 candidates undertook the Hazard Analysis Awareness course and 14 were successful.

Formal Action

36 Improvement Notices were served during the year. This involved 11 premises - 4 take-aways, 4 Restaurants/Cafes, 1 hotel, 1 grocery shop and 1 beach kiosk. One of the restaurants/cafes ceased trading due to a change in the use of the premises whilst all of the other improvement notices were complied with without the need for prosecution.

2 food complaints were referred for prosecution. Both prosecutions were successful and resulted in fines of £300.



Figure 3.6 Food Poisoning 1999

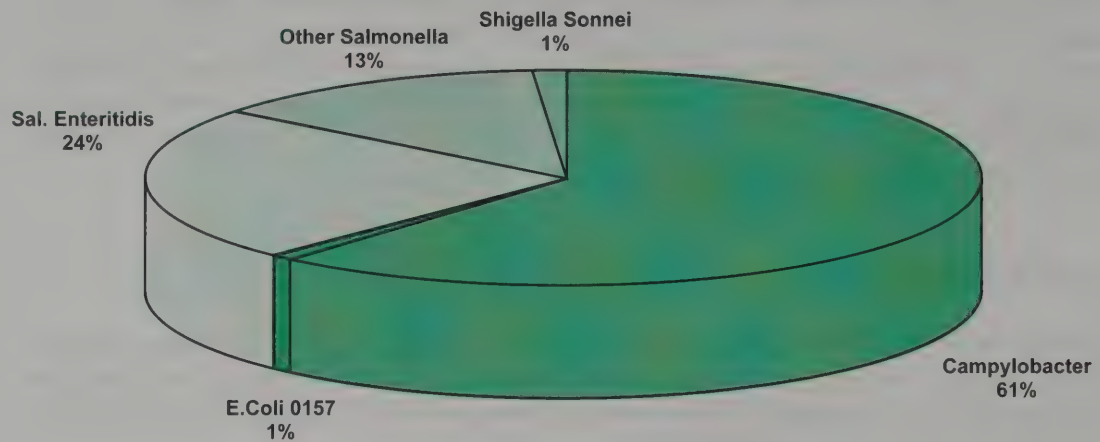


Figure 3.7 Salmonella/Campylobacter Notifications 1994 - 1999

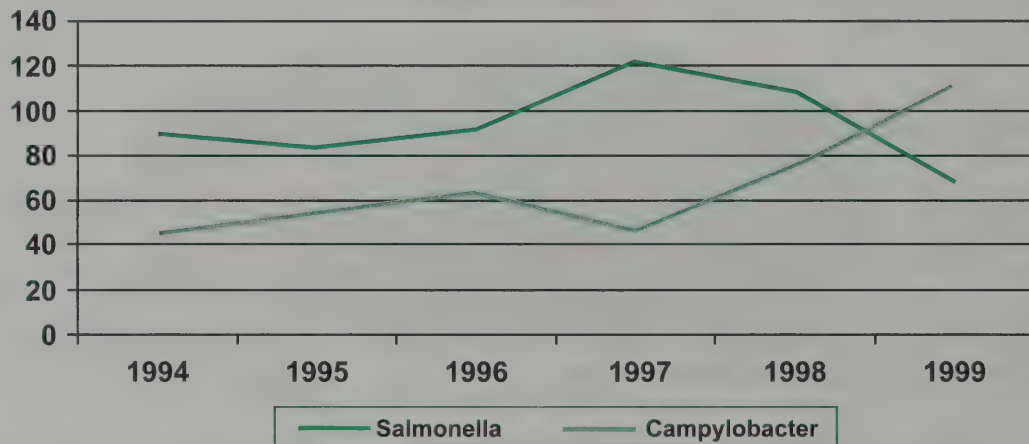
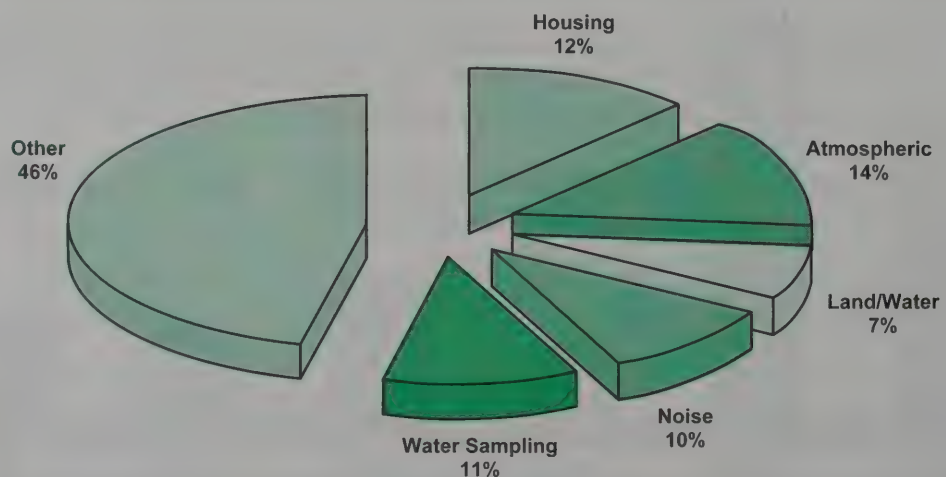


Figure 3.8 Environmental Control



Food Poisoning (Figure 3.6)

A total of 69 confirmed cases of salmonella food poisoning were notified to the department during 1999. This was the lowest number of cases since 1990. The majority were individual cases or family outbreaks and 15 originated outside the Bailiwick. Additionally, there were 112 confirmed cases of Campylobacter. During the past five years, salmonella infections have become relatively less common, whilst confirmed campylobacter infections are more so. (Figure 3.7).

Environmental Control (Figure 3.8)

A total of 3424 Complaints/Requests for Advice/Enquiries were dealt with in 1999, a slight decrease on the figure of 3531 for 1998. The figures for housing showed a significant decrease, down from 400 to 314, whereas other figures remained fairly constant compared to the previous year.

Water Samples

The following samples were taken during 1999 for chemical and/or bacteriological analysis.

Water Samples 1999	
Swimming Pools	10
Wells	12
Boreholes	43
Mains Water	47
Sea Water	484
Leachate	113
Other Water Sources	5
Totals	714

Shellfish Sampling

There are 9 graded shellfish beds around the island, although not all are in use. 4 are in grade A (the top grade) whilst the other 5 are in grade B. All shellfish are for local consumption. A total of 81 shellfish samples were taken during the year. From the results of these samples 58 consignments were passed fit for human consumption whilst 23 remained for further purification.

Rodent and Pest Control

A total of 864 complaints, requests for assistance and pest control enquiries were received during the year. 1037 treatments were carried out together with 66 disinfestations. Systematic treatments of bays and headlands continued with 678 treatments carried out.



Figure 3.9 Nitrogen Dioxide Survey - Results in parts per billion (ppb) in St. Peter Port 1995 - 1999

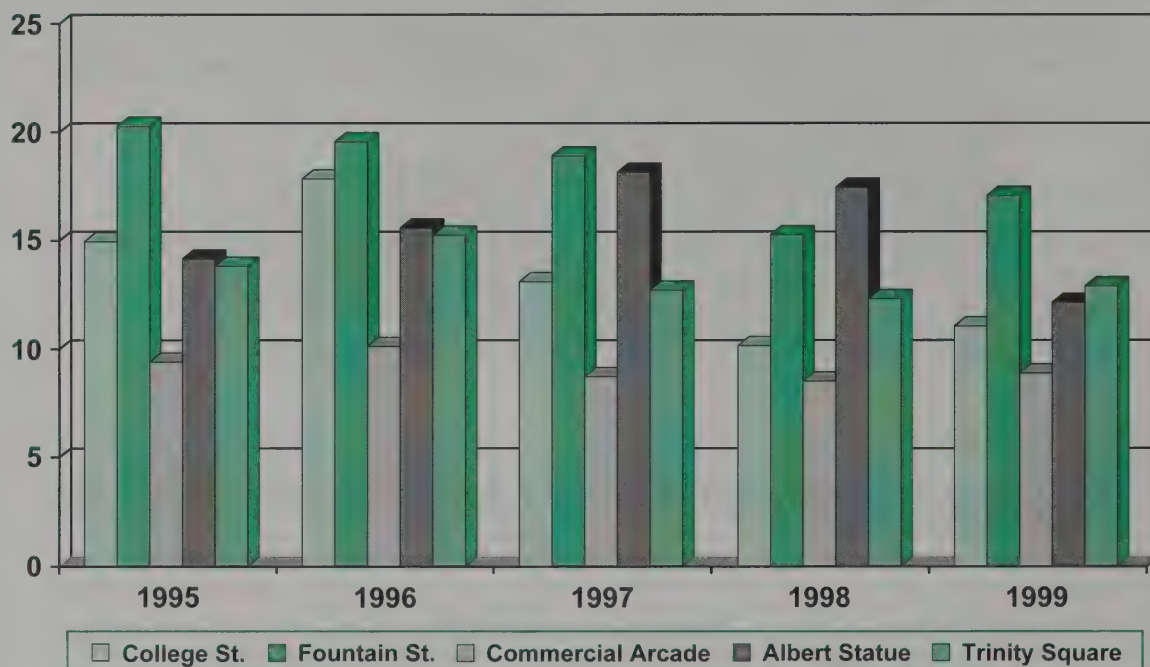
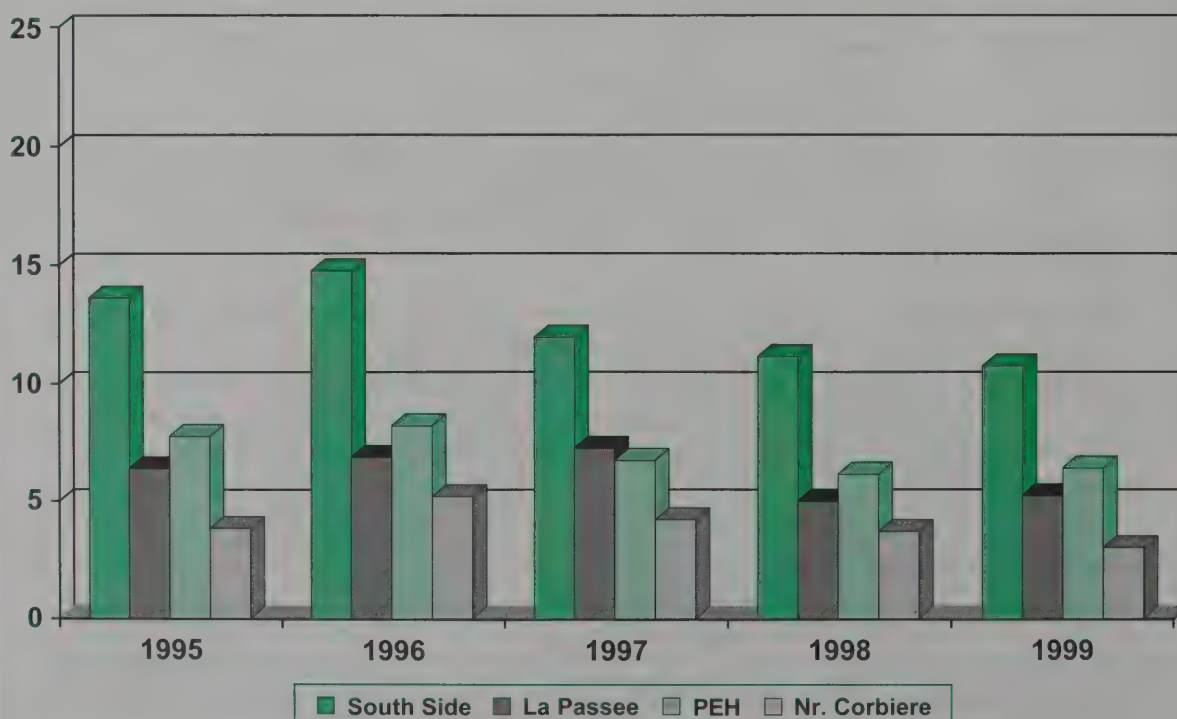


Figure 3.10 Nitrogen Dioxide Survey - Results in parts per billion (ppb) at other island sites 1995 - 1999



Housing

314 complaints and enquiries were received during 1999. Areas of concern included overcrowding, dampness and unsatisfactory living conditions. Virtually all complaints were dealt with by informal action with landlords and it was only necessary to issue one closing notice in respect of property unfit for human habitation.

Air Quality (Figure 3.9, 3.10)

The department continued its nitrogen dioxide survey at nine sites around the island. The downward overall trend of previous years continued, although some of the St. Peter Port sites showed a slight increase in levels compared to 1998.

The Department of the Environment indicates that levels of nitrogen dioxide below 50 parts per billion indicate “Very Good” air quality. The World Health Organisation sets a health guideline of 80 parts per billion as a daily mean. The results indicate that the standard of air quality in respect of nitrogen dioxide is well above international standards.

Real time air quality monitoring at three sites began late in 1999. Pollutants measured include nitrogen oxides, sulphur dioxide, carbon monoxide, particulate matter and ozone. It is hoped that comprehensive details of the monitoring will appear in a separate report early in 2001 as well as a summary in the next annual report.

Mr John Cook
Chief Environmental Health Officer

October 2000



Breastfeeding Awareness Week

AS PART of Breastfeeding Awareness Week, midwives from Loveridge Ward at the Princess Elizabeth Hospital are highlighting the support available to new mums.

The hospital has recently achieved UNICEF Baby Friendly status, and has a number of initiatives in place to ensure that new mums and their families are given as much help as possible to ensure that mothers start – and conti

Smoke-free eateries sought by HPU

HTHE Health Promotion Unit wants to hear “we from tourist-registered premises with smoke-free areas.

The unit, together with its Jersey counterpart, is putting together the third guide to encourage smoke-free eating and drinking establishments in the Channel Islands and wants to hear from anyone not in the last edition.

More than 70 restaurants, cafes, guest houses, hotels and pubs already on the list will have to reapply.

“More and more people, both local and vis-

THE week of 19 to 25 June this year has again been designated Child Safety Week and, local Child Prevention promote the week, ‘Prevent the risk’. Apj children atte Elizabeth Hospital’s Accident and Emergency department

Keep your

children safe this summer

Research shows that accidents fall into a pattern relating to a child’s age and stage of development. get longer, children spend more time playing outside.

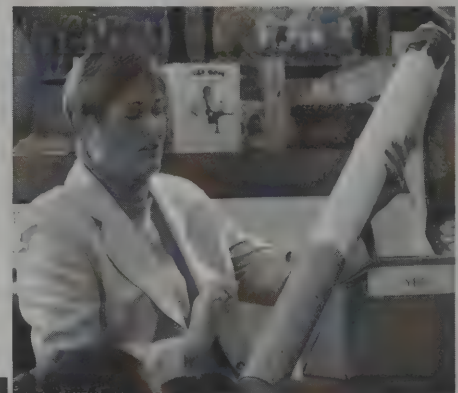
Osteoporosis information available

TO MARK National Osteoporosis Month the Health Promotion Unit is offering free information

She says, “The healthy children of today are the healthy adults of the future. We are starting off with very little, which young children with a simple message which will hopefully happen again and again, reinforcing the message not to smoke affects people an lead to loss

Pupils Get The No Smoking Message

YOU’RE never too young to get the message about keeping your body healthy. That’s the belief of Pat Child who is spreading around the healthy message to the island’s primary school



Fit living for life



FIGHTING FIT: Health promotion officers Yvonne Le Page (far left) and Gerry Grange (far right) with ‘live for life’ tutors Sam Marsh, Colin Fallaize and Andrea Nightingale, who have recently completed a two-year

GUERNSEY is being given the ‘Cut it Out’ message to coincide with National No Smoking Day on March 8th. The Guernsey Fire Brigade, GASP and The Health Promotion Unit erected a banner across Smith Street to raise awareness about No Smoking Day and house fires which from smoking.

Nigel Acton, division the Guernsey Fire “Approximately 7% of Brigade is called to recorded as being carelessly discarded materials. The brigade fire safety strategy, the Health Promotion Unit smoking issues, will be the number of fires in and injury from fires in

Cancer message is not getting through

Nearly everybody is aware of the risks of skin cancer. But the Board of Health’s healthy lifestyle survey revealed that a quarter of all respondents did not use sun cream.

Ninety per cent of men and 98% of women know that avoiding the mid-day sun is an important way of

a suntan and we need to carry on our work to try and reduce this.”

She said it was the first time that locals had been asked about sun awareness. Pharmacist Barrie Paige said that he felt that getting some sun was a good idea.

Guernsey Smokers given ‘Cut it Out’ Message

Quitline support, making a clean cut from smoking into a healthier lifestyle.

Tara de Jersey, GASP project ge.

ups took part in the ‘cut it out’ saw puzzle for the Health effort.

Aids and HIV issues and present their views.

together on a large base ndow of the Arcade Post m there it will be moved e end of the y s year is to list we felt the jib bling children g others. And it together,” sai

Youngsters say their piece

A JIGSAW with a difference will be used to educate islanders thanks to the hard work of pupils from local schools and youth groups.

“It is a sad fact that every 10 seconds, a child or young person in our world is infected with HIV. It is vital, therefore, that children and young people learn about ways to prevent HIV infection.

“I am absolutely delighted with it. It’s a real surprise. ‘So much thought has gone into the process,’ said Mrs Le Page when she saw the finished jigsaw.

“We have done quite a lot of research. I know a lot more than I used to.

“I was shocked when I found out how many people have it,” said St Martin’s primary school pupil David Tatum. 10.



PICTURE: Pupils at Vale Junior School were among those taking part in a Health Promotion Unit project to raise Aids awareness. From left are Marc Walder, Stacey Herbert and Ben James, all aged 10. (Picture by Chris George 308/1499)

Chapter Four

Health Promotion Unit

Smoking Cessation

Over the past 12 months smoking education continues to be the Unit's top priority. The Assistant Health Promotion Officer attended a tobacco addiction conference in the UK and has run several smoking cessation workshops for pharmacists. A variety of activities have been organised for 'No Smoking Day' around the theme "Cut it Out" and the free nicotine replacement therapy offers continue to be very popular particularly the months free supply. Applications have also been invited for a new edition of the '*Guide to Smoke Free Eating and Drinking Places*' and this should be published in Autumn 2000.

Quitline

Quitline continues to go from strength to strength with the advisors seeing an average of 500 clients a year. A credit card size reminder of Quitlines' number and services has been produced and distributed to all the surgeries and a series of planning meetings held in preparation for the launch in September of the new cessation drug Zyban which greatly increases a smokers chance of stopping if support is given. It is hoped Quitline will be linked to Zyban prescriptions to ensure smokers are given the support they need.

GASP

The Guernsey Adolescent non-Smoking Project (GASP) was able to appoint a full time manager at the beginning of the year and continues to work in all the islands schools. A new development was their work with the Exeter APAUSE project (Added Power and Understanding in Smoking Education) to set up a peer led group to lead sessions for young people in smoking education and decision making. The first groups should be up and running in October.

PSHE Co-ordinator

A new initiative in 2000 was the appointment in conjunction with the Education Department of a part time primary PSHE (personal, social and health education) co-ordinator. The co-ordinator, a former head teacher, has already made a very important contribution to local schools' curricula. She has organised training sessions on Circletime - particularly looking at relationships and decision making skills and has worked with school co-ordinators to produce an island Scheme of Work in line with the latest research and new curriculum and this is now out for consultation. She is also piloting the new UK Healthy Schools Award in three island schools with the help of the Health Promotion Officer.



Schools

Work with Schools featured heavily during the year and also included a competition to design pieces of a giant jigsaw for World Aids Day. The jigsaw was then displayed in five secondary schools during the following three months. The Health Promotion Unit set up resource displays for staff in three schools and also part sponsored, with Beau Sejour and the Island Sports Medical and Rehabilitation Centre, the Schools Fitness survey for year 7 pupils.

‘Live for Life’

The new ‘Live for Life’ project created to replace the defunct Look after Yourself campaign got off to a very successful start. Three more tutors completed the NVQ training and development level 3 (in the context of health education) as did the Health Promotion Officer and the Assistant Health Promotion Officer. ‘Live for Life’ encompasses all aspects of a healthy lifestyle and a variety of courses and sessions for the general public have been run under its banner. These included two 10 week Weight Management courses which were both oversubscribed, sessions on healthy eating and stress management and as a result of a mail out to businesses for World Mental Health Day, 19 different stress management sessions, between October-and December for nearly 200 people in their workplaces.

Osteoporosis Prevention

A new direction was the development of sessions designed to encourage the prevention of osteoporosis. Three public sessions were organised during osteoporosis month in June, alongside displays and publicity in the media and these were attended by over 50 people in total.

Cardiac Rehabilitation

Seven tutors went on to obtain their British Association Cardiac Rehabilitation Phase IV exercise instructor qualification to enable them to continue to run the successful Cardiac Rehabilitation courses through the Cardiac Action Group, and the “Life fit” exercise on prescription scheme was revamped to enable more clients to take part.

Prevention of Skin Cancer

Prevention of skin cancer was again the priority area during the summer and activities included a display stand on sun awareness at the Floral Guernsey event and an advert on Island FM. The Unit also co-funded, with the Jersey Health Promotion Unit, the inclusion of the new WHO UV index on all island media weather forecasts and materials and information on sun awareness were sent out to all schools.

‘Safety Calling’

Other activities during the year included the work of the Child Accident Prevention Group to run the Safety Calling Week at Oakvale School for nearly 500 year 6 pupils and a pilot session run on similar lines for parents.

‘Health at Work’

Healthy lifestyle sessions were run for Board of Health staff and also Family Centre staff to enable them to run sessions for their clients.

Future Directions

The Health Promotion officers also served on a number of committees looking at areas as diverse as obesity in children, prevention of colo rectal cancer and multi agency work in schools.

Projects in the pipeline include further development of osteoporosis prevention and an ‘Eat for Life’ month, in September as part of the “Live for Life” campaign.

The key to guiding the Health Promotion Units work over the next few years will be a review of current health promoting priorities, and the selection of additional priorities if supported by the evidence from *‘Our Healthier Islands’* - thus ensuring the maximum return on our limited health promotion resource.

**Yvonne Le Page
Health Promotion Officer**

October 2000

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Table 5.0
Notification of Communicable Diseases 1999

	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1999</i>
Measles	1	2	2	0	0	0
*Mumps	0	0	0	0	0	0
*Rubella	0	4	6	0	0	0
Whooping Cough	4	6	0	0	0	0
**Food Poisoning	140	138	160	171	189	237
Hepatitis A	0	0	0	2	0	0
Hepatitis B	2	0	2	2	3	1
Hepatitis C	0	1	0	0	1	0
Meningitis	1	4	4	3	4	0
Tuberculosis	4	6	4	0	3	6
Malaria	0	0	0	0	0	0
AIDS - notified annually	0	0	1	1	0	0
Scarlet Fever	1	1	1	0	4	1
Psittacosis	0	5	0	0	0	0
Dysentery	0	0	0	0	0	0
Q Fever	0	0	0	2	1	1
Carriers of HIV Antibody (notified annually)	1	5	1	1	1	
HIV Prevalence (notified annually)	5	1	1	1	1	

* Mumps and Rubella became notifiable in Guernsey on 1.1.89

** Formal notified and informal notified cases have been combined

Chapter Five

Communicable Diseases and Sexual Health

Communicable Diseases

Apart from the rise in notifications of food poisoning, notifications of communicable diseases remain at an all time low.

The small rise in notifications of tuberculosis relates largely to disease acquired 'off island'.

Sexual Health - A Definition

- *Enjoyment of sexual relations without exploitation, oppression or abuse.*
- *Safe pregnancy and childbirth and avoidance of unintended pregnancies.*
- *Absence and avoidance of sexually transmitted infections, including HIV.*

Source: World Health Organisation (adapted)

The Orchard Centre

In July 1999 the Sexual Health Clinic relocated to its own premises at the newly named Orchard Centre, in the old St Martin's surgery, and was formally recognised by the Board of Health.

The Clinic staff have expanded to include a part-time Clinic Administrator/Secretary as well as two part-time nurses and Doctor and an expansion in the number of sessions offered.

The commitment of the staff both long serving and new has been invaluable in the setting up of the new service.

The staff have worked together to produce a philosophy of the service which is reproduced below together with detailed aims and objectives for, its development, the outlines of which are also produced below.

Aims

1. *To provide a comprehensive service for the diagnosis, management, treatment and prevention of sexually acquired infections and related conditions, that may interfere with good sexual health.*
2. *To promote good sexual health.*
3. *To act as a resource centre for other services in relation to the above.*



Objectives

- *To ensure the service provision evolves to meet the level of demand.*
- *To actively promote the service both on and off island.*
- *To provide a rapid response to enquiries.*
- *To maintain and develop the core service.*
- *To create an extended service.*
- *To develop a specialist in HIV/AIDS service.*
- *To ensure and monitor the quality of care.*
- *To ensure and monitor the quality of service.*
- *To establish and maintain effective mechanisms for monitoring information.*
- *To ensure collation and handling of statistical data.*

Philosophy

'Staff of the Sexual Health Clinic are committed to providing an up-to-date rapid, reliable, and accurate service based on effective and recent treatment protocols.

Believe in maintaining an informal yet professional environment, a warm welcome and calm, clean and comfortable surroundings.

Value all users of the services, respecting sexual preferences and ensuring absolute confidentiality. They promote and maintain an empathic and non judgemental approach.

Believe in equality of access regarding use of the service and treatments from the service. We offer a service which is free to all at the point of delivery and offer consideration to all.

Are committed to doing out best for all those who use the sexual health service and as such strive to develop our professional expertise. We believe in continual group and individual professional development in order to ensure that users of the service are in safe and capable hands.

Believe in providing up-to-date information and education relating to sexual health by using various methods. We see each encounter with a user of this service as an education opportunity.

Believe in clear lines of communication both inside and outside of the centre. We strive to overcome any barriers to communication such as language embarrassment or fear. We understand that it is often difficult to talk about the issues that bring a person to the centre and as such offer help to address these fears and anxieties.

Are committed to providing a quality service and assure this quality by undergoing internal and external audit against recognised national standards. We value client feedback as enabling us to evaluate the service we provide and welcome constructive criticism.

This new setting and interface with the public has resulted in an increase in attendances which is reflected in an increase in diagnosis of all Sexually Transmitted Infections (STI's). There were **173** male and **120** female 'new attendances' during 1999, with **415** male and **370** female 'follow up' attendances - a total of **1,178** attendances in total.

An area of particular concern has been the re-emergence of syphilis, highlighted by the birth of a baby with congenital syphilis and three new cases.

Of further concern has been the increase in diagnosis of Chlamydia including one case of Chlamydia neonatorum. This is despite continued dependence on 'old' technology with its low sensitivity and consequent under-diagnosis.

Investment in new molecular technology is required which will result in considerable public health gains for the future with reduction in Pelvic Inflammatory Disease (PID), female infertility and ectopic pregnancy.

There have been three new HIV cases. One female as a result of intravenous Drug Use (IVDU), one male and female following unprotected heterosexual intercourse.

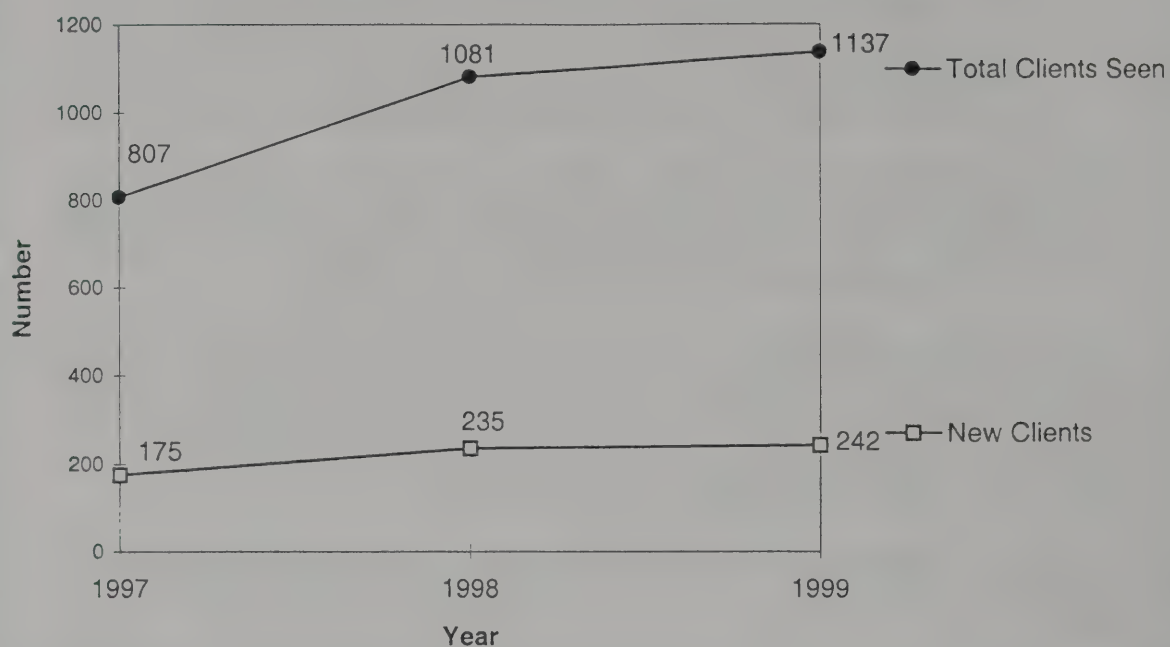
At the end of 1999 there were 13 HIV Positive patients receiving care at the Sexual Health Clinic of which just over half were on Highly Active Anti-Retroviral Therapy (HAART).

The collection, collation and analysis of sexual health data now undertaken externally and is in a different format from previous years, so that direct comparisons are difficult to make.

As part of a continuing programme of surveillance, Guernsey data (KC60) is now included in the quarterly returns from Genito-Urinary Medicine Clinics in the UK to the Public Health Laboratory Service (PHLS). This data will form the basis of future reports and is aggregated by sex, age group, diagnosis and sexual orientation.

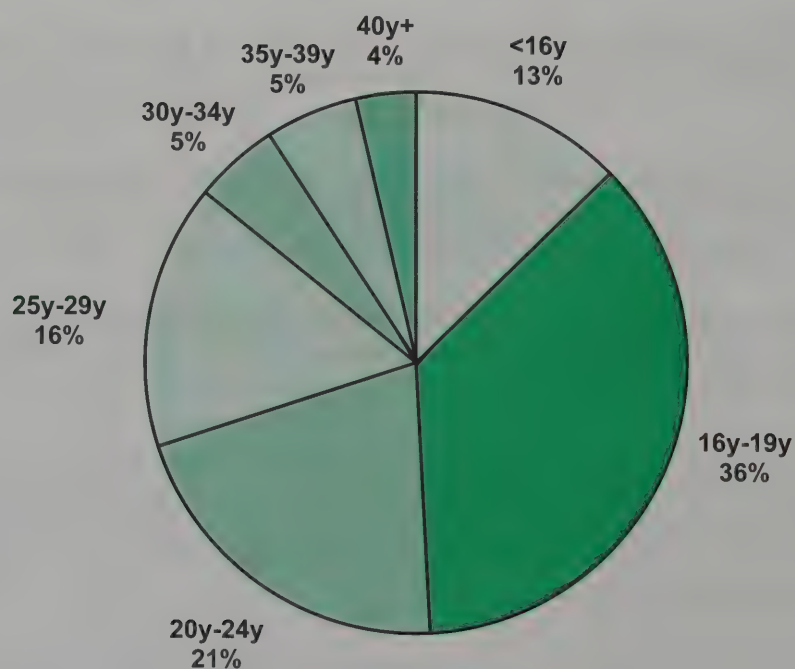


**Figure 5.1 - Guernsey Family Planning Clinic
New and Total Clients seen 1997-1999**



Source: Guernsey Family Planning Clinic

**Figure 5.2 - Guernsey Family Planning Clinic
New Clients by Age - 1999**



Source: Guernsey Family Planning Clinic

The full returns require technical and software modification which was not available at the time of going to print. Incidence of sexually transmitted diseases for 1999 and 2000 will be included in 102nd Annual MoH Report due to be published in October 2001.

Guernsey is the first Channel Island to make such reports.

**Dr N C King MB, BS, MRCS, LRCP, Dip GU-Med
Genitourinary Physician**

October 2000

Guernsey Family Planning Clinic (Figures 5.1, 51.2)

Since the States agreed to support the Guernsey Family Planning Clinic as part of the 'package of initiatives, agreed following the *'Contraception, Unplanned Pregnancy and Abortion'* Debate in 1996, there has been an increase in new clients seen of **38%** from **175** in 1997 to **242** in 1999.

More pleasing is that almost half of the new client seen have been girls under 20 years of age (**13%** less than 16 years, **36%** 16-19 years). Research has shown that when sexually active, this group is least likely to access traditional 'family doctor' services, and thus most at risk of unwanted pregnancy. Guernsey's relatively low under 20 years of age conception rate of **5%** of all live births between 1994-1998, compared with **6.8%** of all live births in England and Wales, reflects on the success of the family planning approach. However, the trend is to more births to girls under 20, whilst England and Wales have the highest teenage pregnancy rate in Europe suggesting that this is an area that requires continuing support.

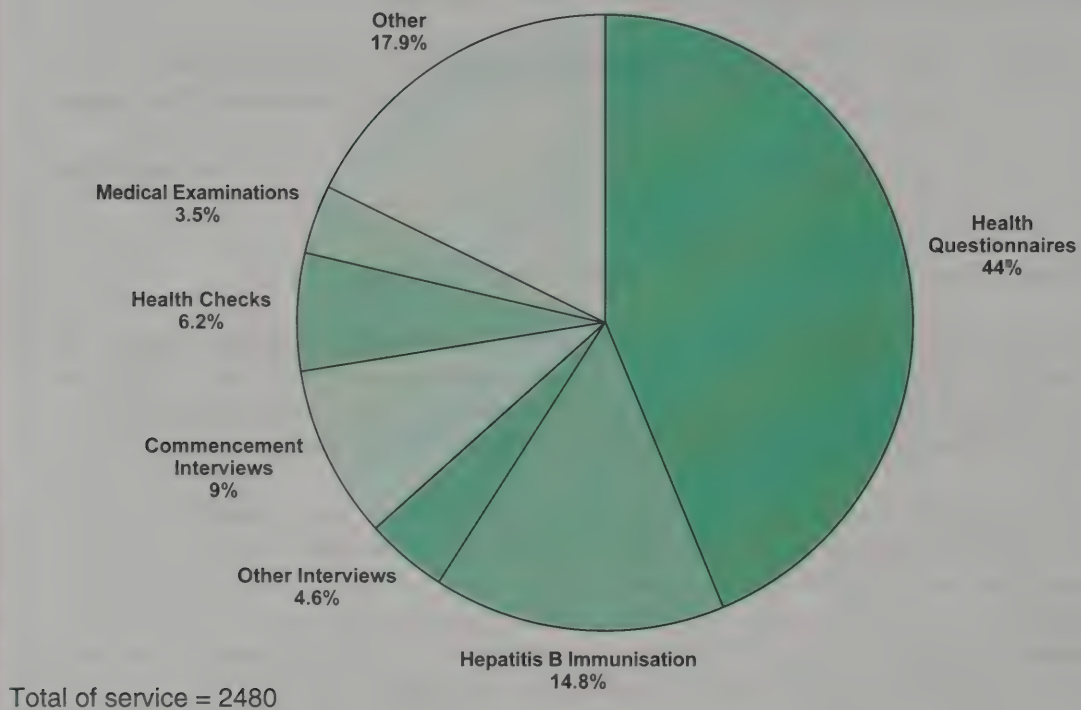
The increase in numbers of attendances means that the Family Planning Clinic urgently needs to relocate from its traditional premises at Lukis House, and after several fruitless years of trying to identify a suitable premises, a property has now been located in St Peter Port, and is awaiting approval from IDC for 'change of use'.

**Mrs Sue Le Page
Manager
Guernsey Family Planning Clinic**

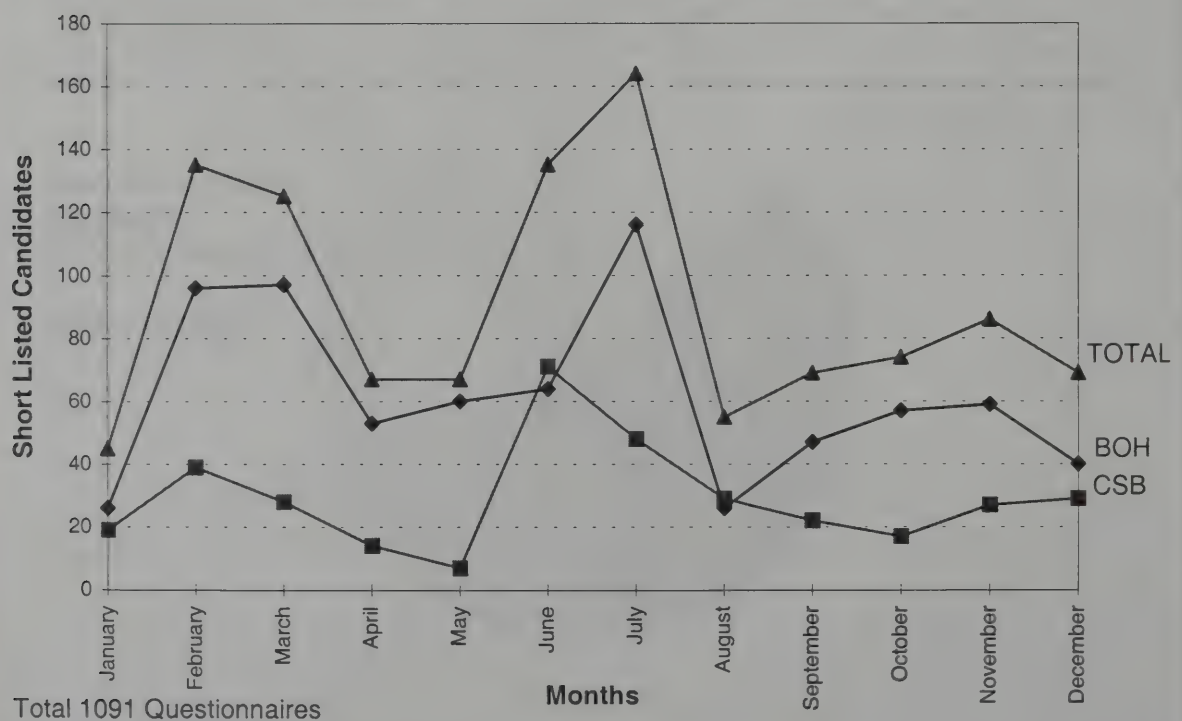
October 2000



**Figure 6.1 - Occupational Health Services
by type of service 1999**



**Figure 6.2 - Occupational Health
Health Questionnaires - 1999**



Chapter Six

Occupational Health Service 1999

Professional health services are provided by a full-time fully qualified Occupational Health Nurse, and a part-time Occupational Health Medical Officer. As well as providing a full occupational health service for the Board of Health's 1,800 full and part-time employees, an advisory service, including specific occupational health screening, and immunisation where occupationally indicated is provided for other employees of other States Committees.

Figure 6.1 Occupational Services - by types of service 1999

Items of service performed by the Occupational Health Nurse and the Occupational Health Medical Officer during 1999 are shown by type of service. There has been an overall **19%** increase in the demand for services compared with 1998, with the Occupational Health Nurses activities having increased by **22%**. The most frequent item of service - pre-employment health questionnaire screening has also shown the largest single growth of **15%**. Although the figure illustrates the break-down of work within the department, because different items of service occupy varying lengths of time, this does not reflect overall time allocation within the department.

Figure 6.2 Pre-employment screening questionnaire by month 1999

Pre-employment health questionnaires are received from short listed candidates only. They are then assessed by the Occupational Health Nurse to ensure that prospective employees are medically fit for the particular post they have applied for.

Figure 6.3 Hepatitis B immunisation by month 1999

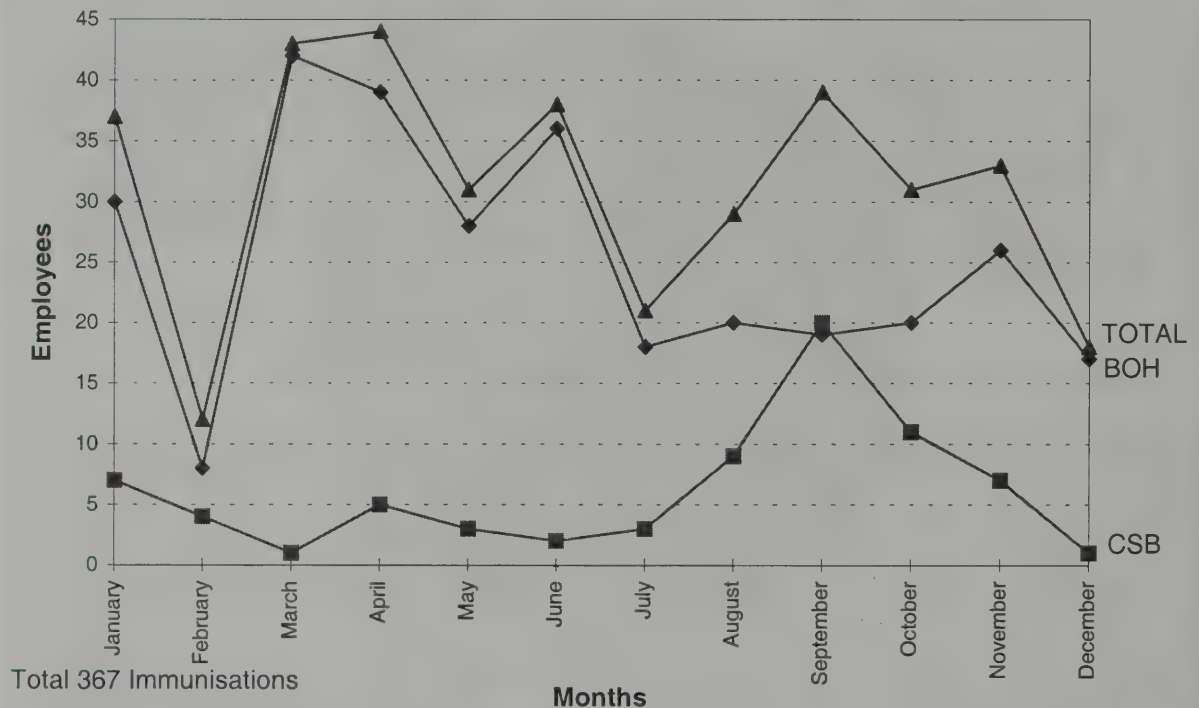
Hepatitis B immunisation is an essential component of minimising the risk of occupationally transmitted hepatitis B infection amongst 'at risk' health staff - those whose job exposes them to blood or body fluids.

Figure 6.4 Occupational Health sickness absence referrals by month 1999

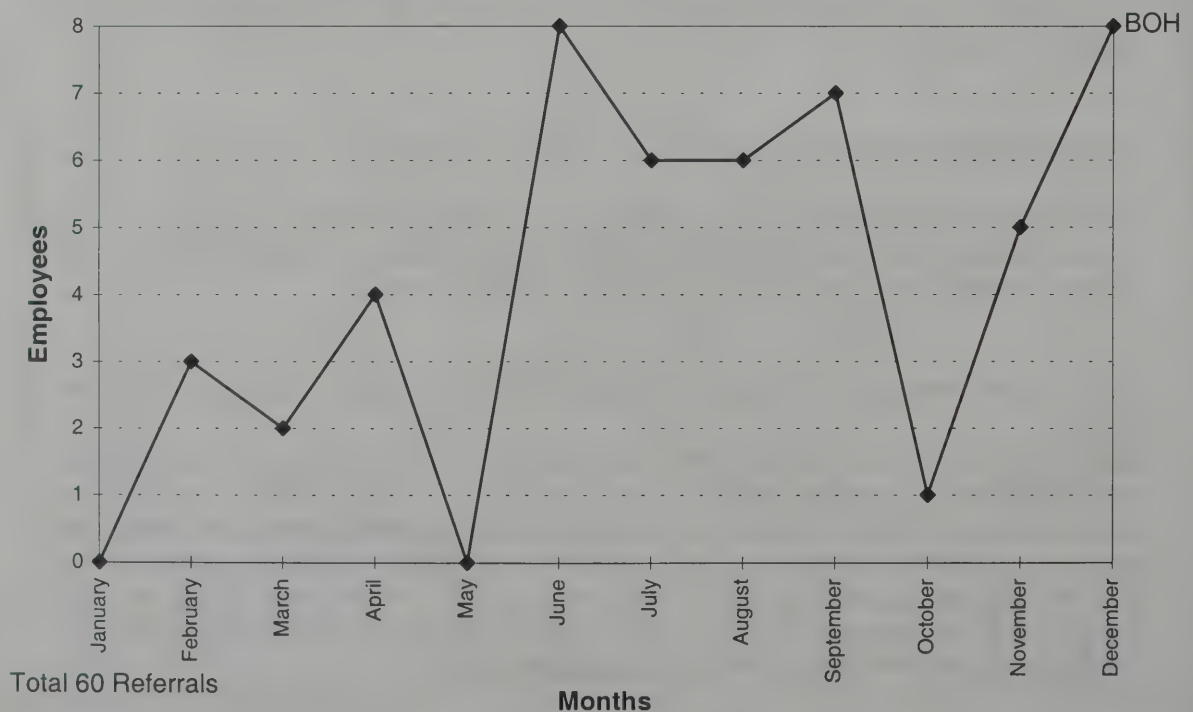
One of the responsibilities of the Occupational Health Nurse is to minimise work related ill health and sickness absence. **Figure 6.4** illustrates the number of employees referred by their line manager for advice on abnormal patterns of sickness absence. All medical information remains confidential, but the line manager will be given advice on the employees fitness for full duties plus, recommendations on any work practices which may need to be changed to prevent further work related absence.



**Figure 6.3 - Occupational Health
Hepatitis B Immunisation by month - 1999**



**Figure 6.4 - Occupational Health
Sickness Absence Referral by month - 1999**



Chapter Seven

Guernsey and Alderney - Vital Statistics

7.1 Births and Birth Related Data

7.2 Deaths and Death Related Data

7.3 Guernsey Deaths by ICD-10 Codes and Age Groups 1999

7.4 Alderney Vital Statistics



7.1 Guernsey - Vital Statistics 1999

● Births and Birth Related Data

	Guernsey		England & Wales
	1999	5 Year Mean 1994-1998	1996
Estimated Mid Year	60,268	58,867	52,010,000
Resident Population:			
• Males	29,042†	28,297	28,860,000
• Females	31,226†	30,570	27,948,000
• M : F	0.95	0.93	0.96
Population Density [Area 63.1Km²]:	955	933	51.8
Marriages:	385	345	279,000
• Marriages/000	6.4	5.9	5.4
Divorces:	142	165	157,100
• Divorces/000	2.4	2.8	3.0
Divorces : Marriages	0.37	0.48	0.56
Births:	672	662	649,500
• Males	351	337	341,300
• Females	318	323	308,200
• M : F	1.1	1.04	1.05
Births outside marriage:	222	182	232,700
• % All Births	33%	28%	35.8%
Stillbirths:	1	4.2	3,539
• Rate/000 Live Births	1.5	6.3	5.4
Early Neonatal deaths:	2.0	*	3.0
Late Neonatal deaths:	0	2.2	0.9
Infant Deaths:	2	3	3,990
• Infant Death Rate/000	3.0	4.5	6.1
Crude Birth Rate/000	11.2	11.2	12.5
Natural Fertility Rate:	52.3	51.5	59.8
Natural Increase per annum:	0.25%	0.20%	0.16%

*not separately calculated

†estimated

7.2 Guernsey - Vital Statistics 1999

● Deaths and Death Related Data

	Guernsey 1999	Guernsey 5 Year Mean 1994-1998	England & Wales 1996
Total Deaths:	529	592	563,000
• Males	232	289	269,800
• Females	297	305	293,200
• M : F	0.78	0.95	0.92
Crude Death Rate:/100	8.8	10.1	10.8
Circulatory Deaths (I00-I99):			
• Males	320.2†	406.4	424
- Rate/00,000			
• Females	387.5†	388.6	424
- Rate/00,000			
Cancer Deaths (C00-C97/D00-D48):			
• Males	244†	298	282
- Rate/00,000			
• Females	217†	261	251
- Rate/00,000			
Lung Cancer Deaths (C34):			
• Males	65.4†	79.2	80.2
- Rate/00,000			
• Females	38.4†	38.6	42.0
- Rate/00,000			
Breast Cancer Deaths (C50):			
• Females	32.0†	42.5	47.4
- Rate/00,000			
Alcoholic Liver Disease (K70):			
• Males	7.0†	12.7	8.5
- Rate/00,000			
• Females	19.6†	7.9	5.5
- Rate/00,000			
Injury Deaths (S00-X59):			
• Males	20.1†	41.7	27.7
- Rate/00,000			
• Females	3.2†	17.1	17.6
- Rate/00,000			
Suicide Deaths (X60-X84):			
• Males	3.4†	12.7	11.0
- Rate/00,000			
• Females	0†	6.5	3.0
- Rate/00,000			

†on estimated population

[illegible]

7.3 GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1999

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	b/f	46	57	0	0	0	0	0	0	1	4	6	10	19	15	20	28
C64	Malignant neoplasm of kidney	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
C65	Malignant neoplasm of renal pelvis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
C67	Malignant neoplasm of bladder	8	1	0	0	0	0	0	0	0	0	0	0	2	0	6	1
C70	Malignant neoplasm of meninges	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
C71	Malignant neoplasm of brain	2	1	0	0	0	0	0	0	0	0	1	1	0	0	1	0
C79	Secondary malignant neoplasm of other sites	5	2	0	0	0	0	0	0	0	1	0	0	2	0	3	1
C80	Malignant neoplasm without specification of site	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0
C85	Other & unspecified types of non-Hodgkin's lymphoma	5	1	0	0	0	0	0	0	0	0	3	0	2	0	0	1
C90	Multiple myeloma and malignant plasma cell neoplasms	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
C91	Lymphoid leukaemia	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
C92	Myeloid leukaemia	1	2	0	0	0	0	0	0	0	0	0	0	0	2	1	0
C95	Leukaemia of unspecified cell type	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Totals Group II	71	68	0	0	0	0	0	0	1	5	12	12	27	17	31	34
Group III																	
	Diseases of blood & blood-forming organs & certain disorders involving the immune mechanism																
D46	Myelodysplastic syndromes	2	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
	Totals Group III	2	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Group IV																	
	Endocrine, nutritional & metabolic diseases																
E80	Disorders of porphyrin and bilirubin metabolism	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Totals Group IV	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1999

ICD10 Code	Cause of Death	Total	Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F
<u>Group V</u>																
<u>Mental and behavioural disorders</u>																
F01	Vascular dementia	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
F03	Unspecified dementia	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Totals Group V		1	1	0	0	0	0	0	0	0	0	0	0	0	1	1
<u>Group VI</u>																
<u>Diseases of the nervous system</u>																
G12	Spinal muscular atrophy and related syndromes	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0
G20	Parkinsons disease	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0
G40	Epilepsy	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Totals Group VI		3	1	0	0	0	1	0	0	0	1	0	0	0	2	0
<u>Group IX</u>																
<u>Diseases of the circulatory system</u>																
I11	Hypertensive heart disease	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
I21	Acute myocardial infarction	25	27	0	0	0	0	0	1	0	0	1	6	3	18	23
I24	Other acute ischaemic heart diseases	3	2	0	0	0	0	0	0	0	1	0	0	0	2	2
I25	Chronic ischaemic heart disease	15	19	0	0	0	0	0	0	0	2	0	5	1	8	18
I26	Pulmonary embolism	1	2	0	0	0	0	0	0	0	0	0	0	0	1	2
I31	Other diseases of pericardium	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
I35	Nonrheumatic valve disorders	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
I42	Cardiomyopathy	3	2	0	0	0	0	0	0	0	0	0	2	2	1	0
I46	Cardia arrest	2	0	0	0	0	0	0	0	0	0	0	1	0	1	0
I48	Atrial fibrillation and flutter	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
I49	Other cardiac arrhythmias	3	0	0	0	0	0	0	0	1	0	1	0	1	0	0
I50	Heart failure	14	23	0	0	0	0	0	0	0	1	4	1	9	21	
I60	Subarachnoid haemorrhage	1	2	0	0	0	0	0	0	1	0	0	1	0	0	1
c/f		69	79	0	0	0	0	0	1	1	5	3	20	7	43	68

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1999

7.3

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
		b/f															
I61	Intracerebral haemorrhage	69	79	0	0	0	0	0	0	1	1	5	3	20	7	43	68
I62	Other nontraumatic intracranial haemorrhage	5	3	0	0	0	0	0	0	0	0	1	0	1	1	3	2
I63	Cerebral infarction	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
I64	Stroke (or cerebrovascular accident)	0	7	0	0	0	0	0	0	0	0	0	1	0	1	0	5
I67	Other cerebrovascular diseases	9	23	0	0	0	0	0	0	0	0	0	0	1	1	8	22
I70	Atherosclerosis	1	5	0	0	0	0	0	0	0	0	0	0	0	0	1	5
I71	Aortic aneurysm and dissection	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
I73	Other peripheral vascular diseases	7	3	0	0	0	0	0	0	0	0	0	0	1	0	6	3
		1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Totals Group IX		92	122	0	0	0	0	0	0	1	1	6	5	24	10	61	106
Group X																	
Diseases of the respiratory system																	
J18	Pneumonia	26	51	0	0	0	0	0	0	0	0	1	3	3	0	22	48
J20	Acute bronchitis	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
J42	Chronic bronchitis	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
J44	Other chronic obstructive pulmonary disease	9	5	0	0	0	0	0	0	0	0	1	0	2	2	6	3
J47	Bronchiectasis	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0
J80	Adult respiratory distress syndrome	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
J96	Respiratory failure, nec.	1	2	0	0	0	0	0	0	0	0	1	0	0	1	0	1
Totals Group X		38	61	0	0	0	0	0	0	0	0	3	6	6	3	29	52
Group XI																	
Diseases of the digestive system																	
K44	Diaphragmatic hernia	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
K50	Crohn's disease (regional enteritis)	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
K65	Peritonitis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
K70	Alcoholic liver disease	0	3	0	0	0	0	0	0	0	1	0	2	0	0	0	0
K72	Hepatic failure, nec.	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		c/f	1	7	0	0	0	0	0	1	1	0	3	0	0	0	3

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1999

[illegible]

7.3 GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 1999

ICD10 Code No	Cause of Death	Total		Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Group XVIII																	
R09	Symptoms, signs & abnormal clinical & laboratory finding, not elsewhere classified	1	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0
R54	Other symptoms and signs involving the circulatory and respiratory systems	3	18	0	0	0	0	0	0	0	0	0	0	0	0	3	18
	Old age (senility)	4	19	0	0	0	0	0	0	0	0	1	0	0	0	4	18
Total Groups XVIII																	
Group XIX																	
Injury, poisoning & certain other consequences of external causes																	
T54	Toxic effect of corrosive substances	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total Groups XIX																	
Group XX																	
External causes, morbidity & mortality																	
V13	Pedal cyclist injured in collision with car, pick-up truck or van	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
V87	Traffic accident of specified type but victim's mode of transport unknown	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
V89	Motor or nonmotor vehicle accident, type of vehicle unspecified	2	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
W10	Fall on and from stairs and steps	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0
W78	Inhalation of gastric contents	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
X70	Intentional self-harm by hanging, strangulation and suffocation	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Y21	Drowning and submersion, undetermined intent	3	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0
Totals Group XX																	
Total Deaths: 232 297 2 0 0 1 2 0 6 7 25 30 61 34 136 225																	



7.4 Alderney Vital Statistics

	Males	Females	Total 1999	Total 1998
Population (1996 Census):	1024	1117	2141	2141
• M : F			0.92	0.92
Births - In Guernsey:	7	6	13	13
Births - In Alderney:	0	0	0	1
Total Births to Alderney Residents:	7	6	13	14
Births outside Marriage:	2	1	3	3
Crude Birth Rate/000			6.1	6.5
Marriages Registered in Alderney:			14	9
Deaths Registered in Alderney:			27	29
Crude Death Rate/000			12.6	13.6
Natural Increase:*			-14 [-0.7%]	-15 [-0.7%]

*The natural increase is the difference between the crude birth rate and the death rates expressed as a percentage of the resident population.

8.0 **Staff providing public health services 1999**

Director of Public Health/Medical Officer of Health

Dr David Jeffs MRCP MFPHM FAFPHM FRACGP FRSH

Personal Assistant

Mrs Yvonne Kaill

Data Clerk

Mrs Jenny Elliott

Part-time Medical Staff:

Deputy Medical Officer of Health

Dr Brian Parkin MB BS Bsc MRCP MRCGP DRCOG

Sexual Health Clinic

Dr Nicholas King LRCP MRCS MBBS

Environmental Health Department:

Chief Environmental Health Officer

Mr Michael Bairds MCIEH MRIPHH FRSH

Deputy Chief Environmental Health Officer

Mr John Cook MCIEH

Environmental Health Officers

Mr Stan Horton MCIEH

Mr Tony Rowe MCIEH

Mr Stuart Wiltshire MCIEH

Mr Jonathon Coyde MCIEH

Trainee Waste Regulation Officer

Mr Simon Penney BSc (Hons) Grad M Inst WM

Pest Control Operatives

Mr Paul Tostevin

Mr Michael Brache

Secretary

Mrs Marilyn Bougourd (until March 1999)

Miss Kelly Moore (from March 1999)



Health Promotion Unit:

Health Promotion Officer

Miss Yvonne Le Page BEd(Hons) DipHE&HP RHPS

Assistant Health Promotion Officer

Mrs Gerry Grange RGN LAY Trainer RHPS

Resources Officer

Mrs Pat Prevel (until April 1999)

Mrs Stephanie Charlwood (from May 1999)

Secretary

Mrs Pam Marsh

Occupational Health:

Clinical Medical Officer

Dr Ian Gee MB BS MRCP

Occupational Health Nurse

Mrs Pam Smith RGN OHN

Secretary

Mrs Jackie Mallett

MY DOCTOR SAID—

1995

I SMOKED TOO MUCH—

DRANK TOO MUCH—

ATE TOO MUCH—

WHAT COULD I DO?

—I CHANGED MY DOCTOR



WAKK

HOW COME
YOU FANCY HIM
MORE THAN
ME?

IT'S NOT JUST HIM...
IT'S HIS MONEY
HE CAN
AFFORD
TO
SMOKE



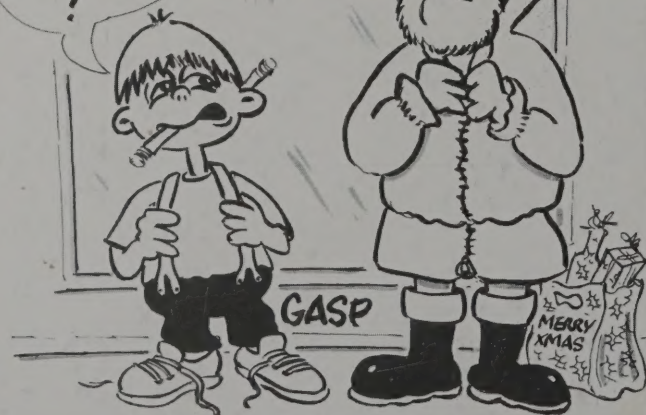
WAKK

1996

1997

I'M BIG
ME....
...COS I
SMOKES

CALL THAT
DARING?
I DRANK
ALDERNEY
MILK ME



WAKK

1998

CIGS UP.... BEERS DOWN.
SOON IT'LL BE
'4-PACK' CIGS
AND
'20-PACK BEERS!



WAKK